Virginia Department of Health Professions
Board of Psychology

Agenda
Full Board Meeting
Board Room 4
October 29, 2019

Call to Order – Herb Stewart, Ph.D, Board Chair

- Welcome and Introductions
- Emergency Egress Procedures
- Mission of the Board

Approval of Minutes

- Board Meeting – April 2, 2019* Page 5

Ordering of Agenda

Public Comment

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

Agency Director Report - David E. Brown, DC

Chair Report – Herb Stewart

Presentation - Elizabeth Carter, Ph.D, Executive Director, Board of Health Professions
Director, DHP Healthcare Workforce Data Center
"Virginia's Clinical Psychologist Workforce: 2019" Page 10

Legislation and Regulatory Actions – Elaine Yeatts

- Chart of Regulatory Actions Page 42
- Consideration of Public Comment and Adoption of Proposed Regulations on Conversion Therapy* Page 44
- Consideration of Amendment to fee for returned check Page 166
- Consideration of Fee Reduction* Page 171

Staff Reports

- Executive Director's Report – Jaime Hoyle Page 175
- Discipline Report – Jennifer Lang, Deputy Executive Director Page 192
- Board Office Report – Deborah Harris, Licensing Manager Page 197

Board Counsel Report – James Rutkowski, Assistant Attorney General

Committee Reports

- Board of Health Professions Report – Herb Stewart — Page 201
  Legislative/Regulatory Committee – Dr. Jim Werth

Unfinished Business

- PSYPACT — Page 239
- EPPP- Part 2 — Page 299
- PLUS — Page 311

New Business

- Election of Officers
- Committee Assignments
- 2020 Meeting Dates — Page 330
- VACP Board Conversation Hour

Next Meeting – January 28, 2020

Adjournment

Probable Cause Case Review – All Board Members

*Requires a Board Vote

This information is in DRAFT form and is subject to change. The official agenda and packet will be approved by the Board at the Full Board meeting. One printed copy of the agenda packet will be available for the public to view at the Board Meeting pursuant to Virginia Code Section 2.2-3707(F).

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

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 Security staff

Board Room 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.

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.

Board

of

Psychology

April 2, 2019

Board Meeting

Minutes

Virginia Board of Psychology
Minutes – Quarterly Board Meeting
April 2, 2019

Time and Location
The Virginia Board of Psychology ("Board") convened for a quarterly board meeting on April 2, 2019 at the Department of Health Professions ("DHP"), 9960 Mayland Drive, Henrico, VA 23233 in Board Room 3.

Presiding
Herbert Stewart, Ph.D., LCP, Chair

Board Members Present
John Ball, Ph.D., ABPP, LCP
Peter Sheras, Ph.D, ABPP, LCP
Rebecca Vauter, Psy.D., ABPP, LCP
Susan Brown Wallace, Ph.D., LCP, LSP
James Werth, Jr., Ph.D., ABPP, LCP, Vice-Chair

Board Members Absent
Andrea Bailey, Citizen Member

Staff Present
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, Sr. Policy Analyst

Board Counsel Present
Erin Barrett, Assistant Attorney General
Allyson Tysinger, Senior Assistant Attorney General

Call to Order
Dr. Stewart called the meeting to order at 10:05 a.m. and read the mission statement and emergency evaluation instructions. Board members, staff, and members of the public introduced themselves.

Approval of Minutes
The Board considered and discussed the minutes from the January 22, 2019 board meeting. Dr. Sheras made a motion to accept the minutes. Dr. Wallace seconded the motion, and the motion passed unanimously.

Ordering of Agenda
Dr. Stewart made a motion, which Dr. Ball seconded, to accept the agenda with minor changes. The motion passed unanimously.

Public Comment
Jennifer Morgan, with the Virginia Academy of Clinical Psychologists (VACP), reminded board members that the VACP would hold its Spring Conference in Newport News on April 17-19. The Board Conversation Hour will take place from 3-5 p.m. on April 18. VACP will hold the Fall Conference in Northern Virginia on September 20-22.

Consideration of Public Comment on Guidance Document 125-9: Practice of conversion therapy

The Board considered and discussed the public comment received on the proposed guidance document on the practice of conversion therapy. Dr. Vauter made a motion, which Dr. Ball seconded, to adopt the guidance document as written. The motion passed unanimously.

Additionally, Dr. Ball made a motion, which Dr. Vauter seconded, to delegate to staff the authority to draft a written response to the public comment for approval by the Attorney General's office and additional input by board members, and to delegate authority to the board chair for final review and approval of the statement. The motion passed unanimously. The Guidance Document becomes effective after 30 days, on May 2, 2019.

Agency Director Report, David E. Brown, DC

Dr. Brown advised the Board that the agency is moving forward with a new website that will start with the Board of Nursing. This new website will make it easier for applicants and licensees to navigate through applicable forms and notices.

He provided updates into legislation that affects DHP, which included the requirement for the Board of Health Professions to complete a study on the need to regulate music therapists, as well as legislation related to the disposal of drugs that the Board of Pharmacy will address.

Dr. Brown also noted that, in addition to conversion therapy, the agency has been busy with the issue of Cannabidiol (CBD) oil. He noted that the approval of CBD oil in Virginia, under the regulation of the Board of Pharmacy, allows the Board of Pharmacy to award provisional permits to five companies (one in each health district). The Board of Pharmacy regulates the type of CBD oil that is derived from marijuana, and it should be available by the end of the year. The Federal Farm Bill allows for the production and sale of CBD oil that is derived from hemp, and it is currently available in stores, which is causing confusion for the public. The CBD oil derived from hemp is not regulated and may not be labeled correctly. What consumers may believe is CBD oil from hemp, could actually be CBD oil from marijuana, or it could contain none of what it claims. The Board of Pharmacy is working to address these concerns.

Dr. Brown thanked board members for agreeing to stay after the meeting to complete probable cause reviews on disciplinary cases.

Chair Report, Herbert Stewart

Dr. Stewart reported that he, along with Dr. Vauter and Dr. Wallace, would attend the Association of State and Provincial Psychology Boards (ASPPB) conference in Santa Fe next week.

There was a brief discussion about the Examination for Professional Practice in Psychology (EPPP) exam process and the Psychology Interjurisdictional Compact (PSYPACT), and it was determined that these matters will be referred to the next Regulatory Committee meeting.

Legislation and Regulatory Actions, Elaine Yeatts

Chart of Regulatory Actions

Ms. Yeatts updated the Board on pending regulatory action. The action for conversion therapy is in the NOIRA stage and at the Secretary's office for review. The periodic review for Chapter 20 is in the proposed stage and is currently in the Governor's office for review.

Report of 2019 General Assembly

Ms. Yeatts provided an update of a summary of bills with some relation to this Board.

Conversion Therapy Guidance Document

Ms. Yeatts advised that she would respond to the comments and repost the Guidance Document on Regulatory Town Hall. The Guidance Document will go into effect after 30 days.

Staff Reports

Executive Director's Report, Jaime Hoyle, JD

Ms. Hoyle provided the Board with updated budget information and a count of current licensees and applications received in 2018.

She advised that the Board should have new appointees before the next meeting to fill vacant seats. In addition, she advised that elections for Board Chairperson and Vice-Chairperson would occur at the July board meeting.

Ms. Hoyle advised that the agency is working on a process to issue a one-time license to licensees, rather than printing a new license to individuals at each renewal period. DHP has chosen the Boards of Counseling, Psychology, and Social Work to pilot this new process. As of May 1, 2019, the Boards will issue current and new licensees a new license that does not indicate an expiration date but advises the consumer that current license status can be obtained via License Lookup on the agency's website at www.dhp.virginia.gov.

Ms. Hoyle thanked Ms. Lang for her help with the licensing process while Ms. Harris has been out of the office. The Board members asked the minutes to reflect their appreciation for all of Ms. Lang's consistent hard work and dedication to the Board, and their desire to have their statements included in her yearly review.

Discipline Report, Jennifer Lang

Ms. Lang referenced the discipline report in the agenda and thanked Dr. Ball for his diligence in reviewing discipline cases. She also thanked board members for agreeing to stay after the meeting to complete probable cause reviews, and reminded them that they should review the cases individually and not discuss the cases openly, as it is not an official meeting.

Board Office Report, Jaime Hoyle

Ms. Hoyle referenced the licensing data within the agenda packet.

Board Counsel Report, Erin Barrett

None

Committee Reports

Board of Health Professions, Herb Stewart

Dr. Stewart referenced the information from the Board of Health Professions in the agenda packet.

Dr. Allison-Bryan advised that the agency is using the PMP data to look at specific professions to determine any changes in opioid prescribing. In looking at Orthopedic Surgeons, the number of written prescriptions is down by 42%. In addition, the pill count written is lower and there were likely three million fewer pills prescribed in 2018, after the recent focus on prescribing practices, compared to 2015.

Dr. Allison-Bryan also advised that core competencies for addiction, pain management, and opioid prescribing are available on the agency's website at https://www.dhp.virginia.gov/misc_docs/PrescribingCoreCompetencies11092017.docx. She noted that free continuing education for both prescribing and non-prescribing health care providers regarding safe prescribing and appropriate use of opioids soon will be available on the agency's

website. Dr. Sheras recommended reaching out to licensees through the newsletter to alert them to training opportunities.

Legislative/Regulatory Committee, James Werth

Regulatory did not meet this quarter. The next meeting will include pending topics as well as the possibility that the American Psychological Association may begin accrediting Master's-level programs in the future.

Unfinished Business

None

New Business

Former Argosy Students and Practicum Hours

Ms. Hoyle provided the Board with an update on the closure of the Argosy program and ways to handle potential issues with students documenting practicum hours. If the student is unable to get information from Argosy and the new doctoral program is therefore unable to provide thorough documentation of the student's entire practicum experience, Board members agreed to assist staff in their efforts to help students. Board members agreed to be available to staff should specific issues arise that need additional consideration and review.

Next Meeting

The Regulatory Committee meeting will hold its next meeting on July 22, 2019, and the full Board will hold its next quarterly Board meeting on July 23, 2019.

Adjournment

The meeting adjourned at 12:20 p.m.

Presentation

By

Elizabeth Carter, Ph.D.

Executive Director

Board of Health Professions

“Virginia’s Clinical Psychologist Workforce: 2019”

DRAFT

Virginia's Licensed Clinical Psychologist Workforce: 2019

Healthcare Workforce Data Center

July 2019

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-367-2115, 804-527-4466(fax)
E-mail: *HWDC@dhp.virginia.gov*

Follow us on Tumblr: *www.vahwdc.tumblr.com*
Get a copy of this report from:
http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

3,246 Licensed Clinical Psychologists voluntarily participated in this survey. *Without their efforts the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for your ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD	Yetty Shobo, PhD	Laura Jackson, MSHSA	Rajana Siva, MBA	Christopher Coyle
Director	*Deputy Director*	*Operations Manager*	*Data Analyst*	*Research Assistant*

Virginia Board of Psychology

Chair

Herbert Stewart, PhD
Charlottesville

Vice-Chair

James Werth, PhD, ABPP
Pennington Gap

Members

J.D. Ball, PhD, ABPP
Norfolk

Andrea Bailey
Dumfries

Peter L. Sheras, PhD, ABPP
Charlottesville

Rebecca Vauter, PsyD, ABPP
Petersburg

Susan Brown Wallace, PhD
Springfield

Executive Director

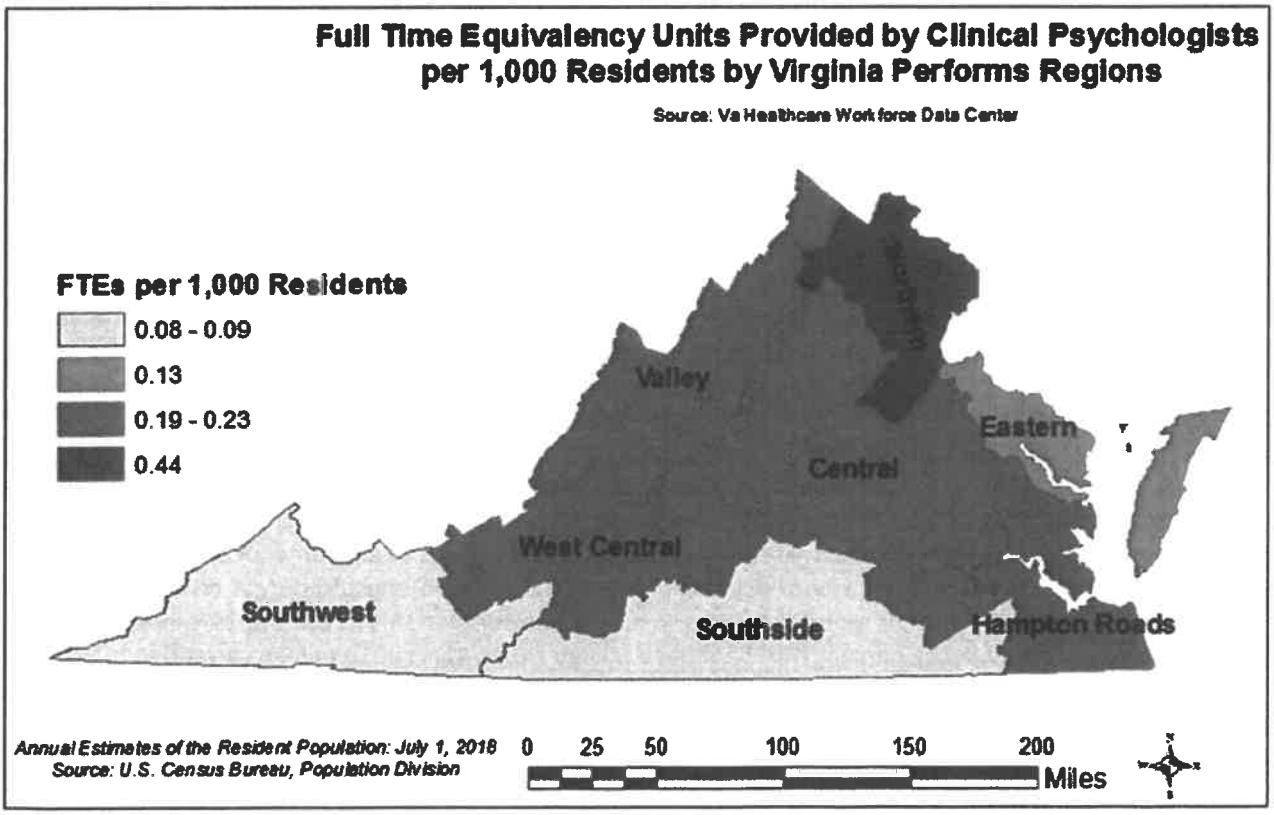
Jaime H. Hoyle, JD

Contents

The Licensed Clinical Psychologist Workforce: At a Glance:

The Workforce		Background		Current Employment	
Licensees:	3,739	Rural Childhood:	20%	Employed in Prof.:	95%
Virginia's Workforce:	2,682	HS Degree in VA:	23%	Hold 1 Full-time Job:	57%
FTEs:	2,317	Prof. Degree in VA:	30%	Satisfied?:	96%
Survey Response Rate		**Education**		**Job Turnover**	
All Licensees:	87%	Doctor of Psych.:	57%	Switched Jobs:	5%
Renewing Practitioners:	95%	Other Ph.D.:	43%	Employed over 2 yrs:	72%
Demographics		**Finances**		**Time Allocation**	
Female:	67%	Median Income:	$90k-$100k	Patient Care:	70%-79%
Diversity Index:	30%	Health Benefits:	63%	Administration:	10%-19%
Median Age:	50	Under 40 w/ Ed debt:	69%	Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2019 Licensed Clinical Psychologists (LCPs) Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. In 2019, 3,246 LCPs voluntarily completed the survey, representing 87% of the 3,739 LCPs who are licensed in the state and 95% of renewing practitioners. An estimated 2,682 LCPs participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work as an LCP sometime in the future. Between July 2018 and June 2019, this workforce provided 2,317 "full-time equivalency units" (FTE), which the HWDC defines simply as working 2,000 hours a year.

Sixty-seven percent of all LCPs are female, including 84% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 30% chance that they would be of different races or ethnicities, a measure known as the diversity index; LCP's diversity index is significantly below the state diversity index of 57%. Twenty percent of all LCPs grew up in a rural area of Virginia, but only 8% of these professionals work in non-Metro areas of the state. Overall, just 3% of Virginia's LCPs work in non-Metro areas of the state. Further, 70% of LCPs work in the private sector; private solo and group practices are the most common establishment types in Virginia, employing nearly half of LCPs.

All of the state's LCP workforce have a doctorate degree. About a third have a primary specialty in mental health. About 40% of LCPs currently carry education debt, including 69% of those under age 40. The median debt burden for those LCPs with education debt is between $90,000 and $100,000. Meanwhile the median annual income is also between $90,000 and $100,000. Regarding future plans, only 17% of LCPs expect to retire by the age of 65. About a quarter of the workforce expect to retire in the next ten years; half of the current workforce expect to retire by 2044.

Summary of Trends

The number of LCPs continued its gradual increase. Since 2013, the number of LCPs has increased by 24%. A similar increase is recorded in the number of LCPs in the state workforce and in the FTEs they provide; both increased by 15% and 10%, respectively, in the same period. However, LCPs reported fewer FTEs in 2019 compared to 2018. Further, a lower proportion of LCPs were in the state workforce in 2019 compared to past surveys. Seventy-seven percent of LCPs were in the state workforce in 2013 compared to 72% in 2019.

The racial/ethnic diversity of the LCP workforce has increased since 2013. The diversity index of the LCP workforce increased from 24% in 2013 to 30% in 2019. Gender diversity, however, is declining. Females constitute an increasing majority in the LCP workforce. In 2013, 61% were female whereas now 67% of LCPs are female. Although the median age did not change in this year's survey, it has declined from 52 to 50 years in the past six years. The proportion above age 55 also declined from 45% in 2013 to 39% in 2019, indicating a younger LCP workforce. The percent of LCPs working in rural areas did not change. The same 3% reported that they work in rural areas in the past three years; however, this is a decline from 2013 when 6% worked in rural areas.

For the first time in five years, the median income reported by LCPs increased. The median income increased from $80,000-$90,000 to $90,000-$100,000. This increase makes median income equal to median education debt which had increased to $90,000-$100,000 in 2018. The percent reporting over $150,000 in education debt doubled from 6% in 2013 to 13% in 2019. Further, the percent reporting debt also has increased from 34% in 2013 to 39% in both 2018 and 2019. For those under 40, however, the percent with debt has declined from 74% in 2013 to 69% currently.

The percent of LCPs who expect to retire by age 65 stayed at the highest level in six years. In both 2018 and 2019, 17% of LCPs expected to retire by age 65. In 2017, 15% reported the same, a slight decline from the 16% who reported in 2013. About a quarter of LCPs consistently report that they expect to retire within a decade of the surveys. Further, as revealed in the last six years of data, half of the LCP workforce plan to retire within two decades of the surveys.

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	3,314	89%
New Licensees	235	6%
Non-Renewals	190	5%
All Licensees	**3,739**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 95% of renewing LCPs submitted a survey. These represent 87% of LCPs who held a license at some point during the survey period.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 35	84	279	77%
35 to 39	75	513	87%
40 to 44	57	413	88%
45 to 49	38	431	92%
50 to 54	31	324	91%
55 to 59	38	264	87%
60 to 64	38	277	88%
65 and Over	132	745	85%
Total	**493**	**3,246**	**87%**
New Licenses			
Issued in Past Year	153	82	35%
Metro Status			
Non-Metro	17	107	86%
Metro	272	2,245	89%
Not in Virginia	204	894	81%

Source: Va. Healthcare Workforce Data Center

Definitions

1. **The Survey Period:** The survey was conducted in June 2019.
2. **Target Population:** All LCPs who held a Virginia license at some point between July 2018 and June 2019.
3. **Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2019.

Response Rates	
Completed Surveys	3,246
Response Rate, all licensees	87%
Response Rate, Renewals	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed LCPs

Number:	3,739
New:	6%
Not Renewed:	5%

Response Rates

All Licensees:	87%
Renewing Practitioners:	95%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Virginia's LCP Workforce:	2,682
FTEs:	2,317

Utilization Ratios

Licensees in VA Workforce:	72%
Licensees per FTE:	1.61
Workers per FTE:	1.16

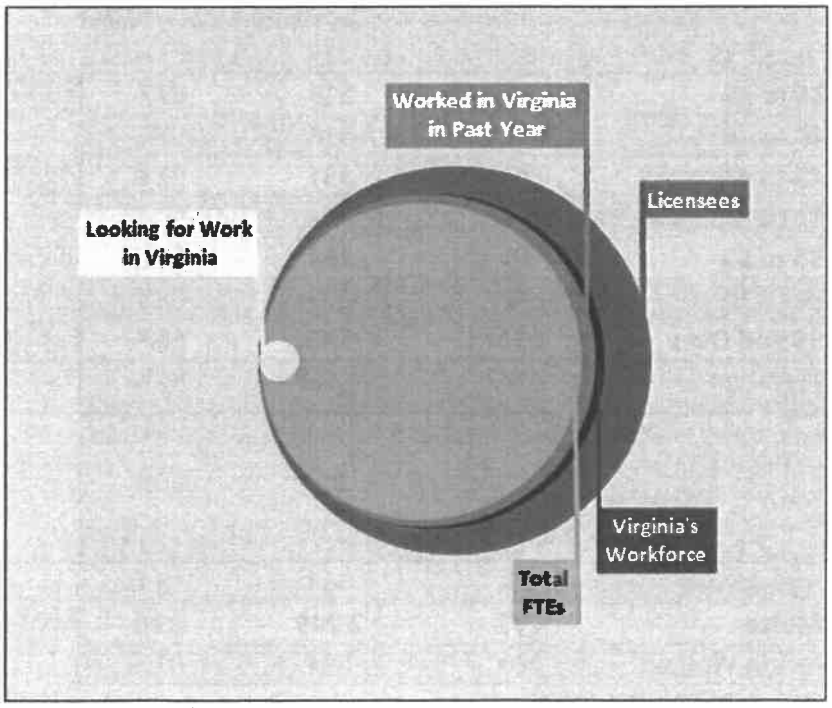
Source: Va. Healthcare Workforce Data Center

Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time during the survey timeframe or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	2,628	98%
Looking for Work in Virginia	53	2%
Virginia's Workforce	**2,682**	**100%**
Total FTEs	**2,317**	
Licensees	**3,739**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	27	13%	186	87%	213	10%
35 to 39	68	18%	301	82%	369	17%
40 to 44	49	18%	228	82%	277	13%
45 to 49	71	26%	206	74%	277	13%
50 to 54	66	32%	141	68%	207	9%
55 to 59	44	27%	119	73%	162	7%
60 to 64	104	50%	103	50%	206	9%
65 +	291	59%	201	41%	492	22%
Total	720	33%	1,484	67%	2,203	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	67%
% Under 40 Female:	84%

Age

Median Age:	50
% Under 40:	26%
% 55+:	39%

Diversity

Diversity Index:	30%
Under 40 Div. Index:	41%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCPs		LCPs under 40	
	%	#	%	#	%
White	61%	1,831	83%	437	76%
Black	19%	131	6%	44	8%
Asian	7%	72	3%	26	5%
Other Race	0%	12	1%	3	1%
Two or more races	3%	61	3%	18	3%
Hispanic	10%	96	4%	48	8%
Total	100%	2,203	100%	576	100%

*Population data in this chart is from the US Census, Annual Estimates of the Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two LCPs, there is a 30% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index).

26% of all LCPs are under the age of 40, and 84% of these professionals are female. In addition, the diversity index among LCPs who are under the age of 40 is 41%.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	16%
Rural Childhood:	20%

Virginia Background

HS in Virginia:	23%
Prof. Ed. in VA:	30%
HS or Prof. Ed. in VA:	41%

Location Choice

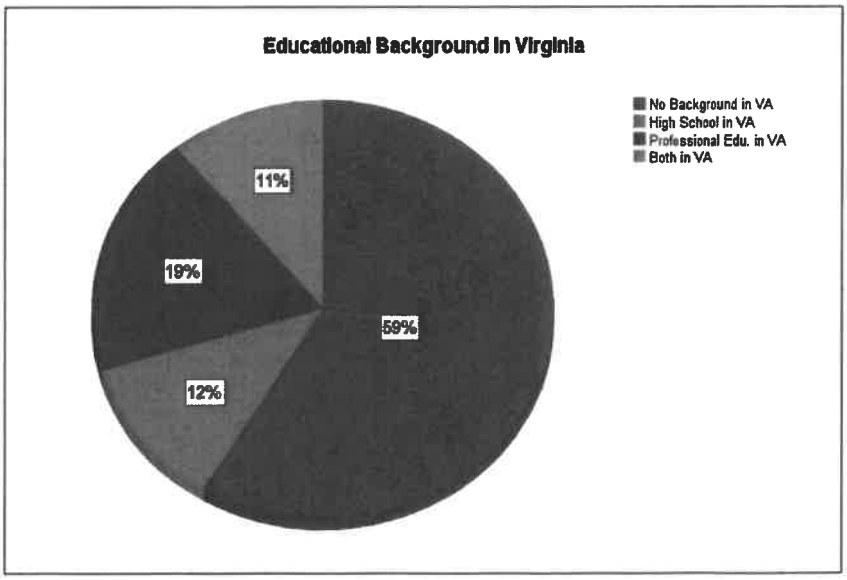
% Rural to Non-Metro:	8%
% Urban/Suburban to Non-Metro:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 million+	18%	65%	17%
2	Metro, 250,000 to 1 million	27%	65%	8%
3	Metro, 250,000 or less	21%	59%	20%
	Non-Metro Counties			
4	Urban pop 20,000+, Metro adj	56%	44%	0%
6	Urban pop, 2,500-19,999, Metro adj	39%	54%	7%
7	Urban pop, 2,500-19,999, nonadj	67%	25%	8%
8	Rural, Metro adj	40%	60%	0%
9	Rural, nonadj	29%	57%	14%
	Overall	**20%**	**64%**	**16%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

20% of LCPs grew up in self-described rural areas, and 8% of these professionals currently work in non-metro counties. Overall, 3% of all LCPs in the state currently work in non-metro counties.

Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof Degree	#
1	Virginia	489	Virginia	646
2	New York	254	Washington, D.C.	194
3	Pennsylvania	160	California	168
4	Maryland	140	Florida	135
5	New Jersey	102	New York	106
6	California	89	Illinois	91
7	North Carolina	82	Ohio	84
8	Ohio	70	Pennsylvania	78
9	Outside U.S./Canada	70	Texas	64
10	Florida	66	Maryland	58

Source: Va. Healthcare Workforce Data Center

22% of LCPs received their high school degree in Virginia, and 30% received their initial professional degree in the state.

Among LCPs who received their initial license in the past five years, 24% received their high school degree in Virginia, while 31% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Init. Prof Degree	#
1	Virginia	208	Virginia	269
2	New York	83	Washington, D.C.	82
3	Maryland	59	California	70
4	Pennsylvania	52	Florida	55
5	California	42	New York	44
6	North Carolina	36	Pennsylvania	40
7	Outside U.S./Canada	33	Illinois	39
8	Ohio	30	Maryland	26
9	New Jersey	29	Ohio	25
10	Florida	25	Texas	21

Source: Va. Healthcare Workforce Data Center

28% of Virginia's licensees did not participate in the state's LCP workforce during the past year. 92% of these professional worked at some point in the past year, including 87% who worked in a job related to behavioral sciences.

At a Glance:

Not in VA Workforce

Total:	1,058
% of Licensees:	28%
Federal/Military:	35%
Va. Border State/DC:	29%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree		
Degree	#	%
Doctor of Psychology	1,222	57%
Other Doctorate	940	43%
Total	**2,163**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

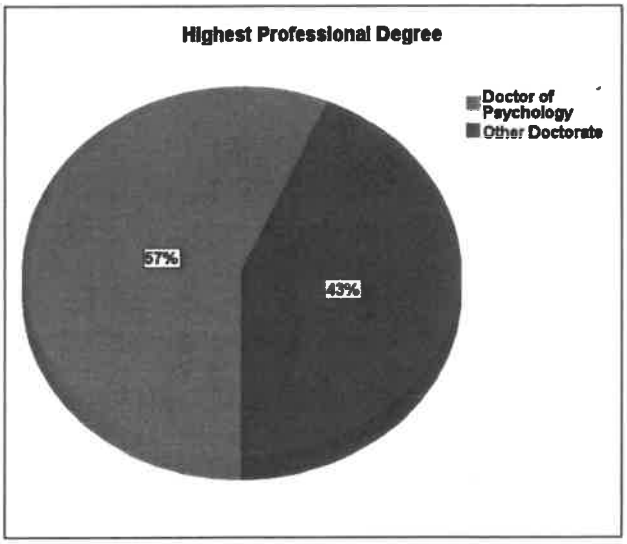
Education

Doctor of Psychology: 57%
Other Doctorate/Ph.D.: 43%

Educational Debt

Carry debt: 39%
Under age 40 w/ debt: 69%
Median debt: $90k-$100k

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

57% of LCPs hold a Doctorate of Psychology as their highest professional degree. 39% of LCPs carry educational debt, including 69% of those under the age of 40. The median debt burden among LCPs with educational debt is between $90,000 and $100,000.

Educational Debt				
Amount Carried	All LCPs		LCPs under 40	
	#	%	#	%
None	1,208	61%	155	31%
Less than $10,000	40	2%	10	2%
$10,000-$19,999	34	2%	14	3%
$20,000-$29,999	50	3%	17	3%
$30,000-$39,999	42	2%	14	3%
$40,000-$49,999	40	2%	15	3%
$50,000-$59,999	47	2%	19	4%
$60,000-$69,999	35	2%	12	2%
$70,000-$79,999	35	2%	17	3%
$80,000-$89,999	41	2%	11	2%
$90,000-$99,999	21	1%	11	2%
$100,000-$109,999	31	2%	11	2%
$110,000-$119,999	23	1%	11	2%
$120,000-$129,999	25	1%	10	2%
$130,000-$139,999	20	1%	9	2%
$140,000-$149,999	17	1%	5	1%
$150,000 or More	262	13%	167	33%
Total	**1,971**	**100%**	**508**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Primary Specialty

Mental Health:	29%
Child:	15%
Forensic:	6%

Secondary Specialty

Mental Health:	12%
Child:	9%
Behavioral Disorders:	8%

Source: Va. Healthcare Workforce Data Center

29% of all LCPs have a primary specialty in mental health. Another 15% have a primary specialty in children's health, while 6% have a primary specialty in forensic science.

A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
Mental Health	634	29%	229	12%
Child	328	15%	180	9%
Forensic	140	6%	116	6%
Neurology/Neuropsychology	127	6%	63	3%
Behavioral Disorders	85	4%	161	8%
Health/Medical	85	4%	134	7%
Family	37	2%	119	6%
School/Educational	33	2%	62	3%
Marriage	23	1%	83	4%
Rehabilitation	18	1%	36	2%
Gerontologic	16	1%	33	2%
Substance Abuse	13	1%	34	2%
Vocational/Work Environment	11	1%	12	1%
Experimental or Research	10	0%	18	1%
Industrial-Organizational	5	0%	8	0%
Sex Offender Treatment	4	0%	20	1%
Public Health	4	0%	11	1%
Social	0	0%	1	0%
Other Specialty Area	125	6%	172	9%
General Practice (Non-Specialty)	457	21%	416	22%
Total	**2,155**	**100%**	**1,907**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession:	95%
Involuntarily Unemployed:	< 1%

Positions Held

1 Full-time:	57%
2 or More Positions:	22%

Weekly Hours:

40 to 49:	40%
60 or more:	6%
Less than 30:	19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	1	0%
Employed in a behavioral sciences-related capacity	2,066	95%
Employed, NOT in a behavioral sciences-related capacity	32	1%
Not working, reason unknown	0	0%
Involuntarily unemployed	1	<1%
Voluntarily unemployed	43	2%
Retired	34	2%
Total	**2,177**	**100%**

Source: Va. Healthcare Workforce Data Center

95% of LCPs are currently employed in their profession. 57% of LCPs hold one full-time job, and 40% work between 40 and 49 hours per week.

Current Weekly Hours		
Hours	#	%
0 hours	78	4%
1 to 9 hours	55	3%
10 to 19 hours	160	7%
20 to 29 hours	201	9%
30 to 39 hours	336	16%
40 to 49 hours	859	40%
50 to 59 hours	312	15%
60 to 69 hours	110	5%
70 to 79 hours	17	1%
80 or more hours	10	0%
Total	**2,138**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	78	4%
One Part-Time Position	384	18%
Two Part-Time Positions	125	6%
One Full-Time Position	1,216	57%
One Full-Time Position & One Part-Time Position	287	13%
Two Full-Time Positions	17	1%
More than Two Positions	36	2%
Total	**2,143**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Hourly Wage	#	%
Volunteer Work Only	22	1%
Less than $40,000	169	10%
$40,000-$49,999	70	4%
$50,000-$59,999	93	5%
$60,000-$69,999	147	8%
$70,000-$79,999	181	10%
$80,000-$89,999	188	11%
$90,000-$99,999	170	10%
$100,000-109,999	209	12%
$110,000-$119,999	120	7%
$120,000-$129,999	93	5%
$130,000 or More	297	17%
Total	**1,760**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $90k-$100k

Benefits

(Salary & Wage Employees only)

Health Insurance: 63%

Retirement: 62%

Satisfaction

Satisfied: 96%

Very Satisfied: 74%

Job Satisfaction		
Level	#	%
Very Satisfied	1,559	74%
Somewhat Satisfied	476	23%
Somewhat Dissatisfied	64	3%
Very Dissatisfied	21	1%
Total	**2,120**	**100%**

Source: Va. Healthcare Workforce Data Center

The typical LCP earned between $90,000 and $100,000 per year. Among LCPs who received either an hourly wage or salary as compensation at the primary work location, 63% received health insurance and 62% also had access to some form of retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Health Insurance	874	42%	63%
Retirement	867	42%	62%
Paid Vacation	832	40%	63%
Paid Sick Leave	782	38%	60%
Dental Insurance	745	36%	54%
Group Life Insurance	593	29%	45%
Signing/Retention Bonus	83	4%	6%
At Least One Benefit	**1,048**	**51%**	**74%**

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in Past Year		
In the past year did you . . .?	#	%
Experience Involuntary Unemployment?	19	1%
Experience Voluntary Unemployment?	91	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	30	1%
Work two or more positions at the same time?	539	20%
Switch employers or practices?	140	5%
Experienced at least one	711	27%

Source: Va. Healthcare Workforce Data Center

Only 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the past 12 months.[1]

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	27	1%	22	4%
Less than 6 Months	86	4%	45	8%
6 Months to 1 Year	140	7%	51	9%
1 to 2 Years	335	16%	93	17%
3 to 5 Years	480	23%	113	20%
6 to 10 Years	335	16%	69	12%
More than 10 Years	683	33%	163	29%
Subtotal	2,085	100%	555	100%
Did not have location	54		2,100	
Item Missing	542		26	
Total	2,682		2,682	

Source: Va. Healthcare Workforce Data Center

51% of LCPs are salaried employees, while 30% receive income from their own business/practice.

At a Glance:

Unemployment Experience

Involuntarily Unemployed:	1%
Underemployed:	1%

Turnover & Tenure

Switched Jobs:	5%
New Location:	15%
Over 2 years:	72%
Over 2 yrs, 2nd location:	62%

Employment Type

Salary/Commission:	51%
Business/Practice Income:	30%

Source: Va. Healthcare Workforce Data Center

72% of LCPs have worked at their primary location for more than two years, while 5% have switched jobs during the past 12 months.

Employment Type		
Primary Work Site	#	%
Salary/Commission	877	51%
Hourly Wage	517	30%
By Contract	193	11%
Business/Practice Income	127	7%
Unpaid	9	1%
Subtotal	1,724	100%
Did Not Have Location	54	
Item Missing	904	

Source: Va. Healthcare Workforce Data Center

[1] As reported by the US Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate ranged from 2.5% in April 2019 to 3.2% in January and February 2019. The rate for June 2019 was not available at the time of this report.

At a Glance:

Concentration

Top Region:	39%
Top 3 Regions:	81%
Lowest Region:	<1%

Locations

2 or more (Past Year):	27%
2 or more (Now*):	25%

Source: Va. Healthcare Workforce Data Center

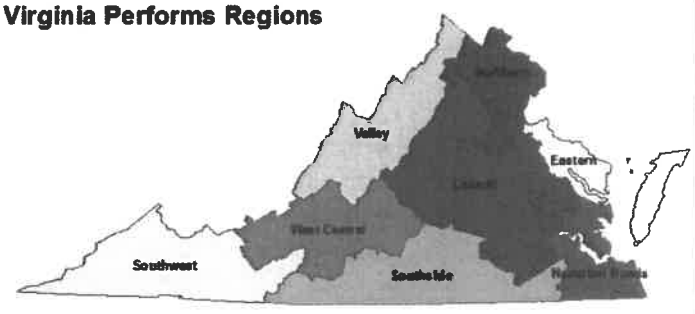
39% of LCPs work in Northern Virginia, the most of any region in the state. Another 25% work in Central Virginia, while 17% work in Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	517	25%	108	19%
Eastern	10	<1%	6	1%
Hampton Roads	345	17%	83	14%
Northern	820	39%	209	36%
Southside	20	1%	5	1%
Southwest	32	2%	10	2%
Valley	103	5%	27	5%
West Central	162	8%	40	7%
Virginia Border State/DC	48	2%	43	7%
Other US State	24	1%	43	7%
Outside of the US	1	0%	1	0%
Total	**2,082**	**100%**	**575**	**100%**
Item Missing	543		6	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	53	3%	75	4%
1	1,507	70%	1,522	71%
2	278	13%	281	13%
3	257	12%	232	11%
4	15	1%	11	1%
5	9	0%	5	0%
6 or More	20	1%	13	1%
Total	**2,139**	**100%**	**2,139**	**100%**

*At the time of survey completion, June 2019.

Source: Va. Healthcare Workforce Data Center

25% of all LCPs currently have multiple work locations, while 27% have had multiple work locations during the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	1,139	58%	381	75%
Non-Profit	243	12%	64	13%
State/Local Government	310	16%	42	8%
Veterans Administration	107	5%	6	1%
U.S. Military	97	5%	6	1%
Other Federal Government	57	3%	12	2%
Total	**1,953**	**100%**	**511**	**100%**
Did not have location	54		2,100	
Item Missing	675		71	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

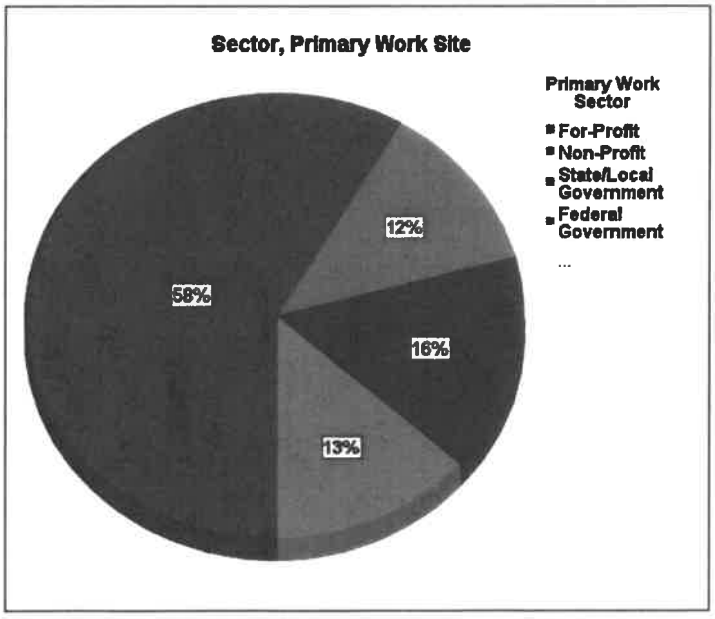
For Profit: 58%
Federal: 13%

Top Establishments

Private Practice, Solo: 25%
Private Practice, Group: 24%
Academic Institution: 9%

Source: Va. Healthcare Workforce Data Center

70% of LCPs work in the private sector, including 58% who work at for-profit establishments. Another 16% of LCPs work for state or local governments.



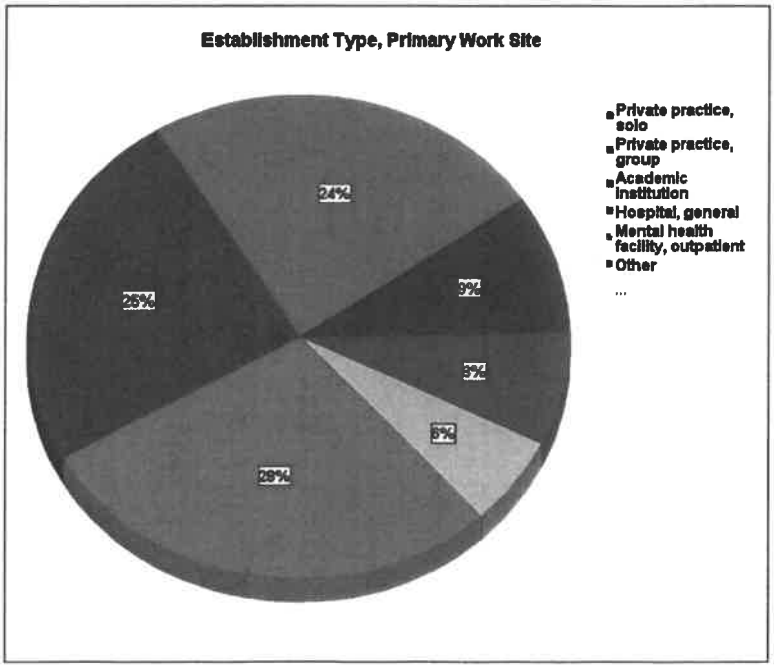
Source: Va. Healthcare Workforce Data Center

Establishment Type	Location Type			
	Primary Location		Secondary Location	
	#	%	#	%
Private practice, solo	448	25%	140	28%
Private practice, group	438	24%	135	27%
Academic institution (teaching health professions students)	170	9%	44	9%
Hospital, general	138	8%	10	2%
Mental health facility, outpatient	110	6%	24	5%
Hospital, psychiatric	84	5%	10	2%
School (providing care to clients)	76	4%	14	3%
Community-based clinic or health center	67	4%	17	3%
Community Services Board	43	2%	2	0%
Administrative or regulatory	38	2%	7	1%
Residential mental health/substance abuse facility	25	1%	7	1%
Physician office	22	1%	8	2%
Corrections/Jail	20	1%	11	2%
Rehabilitation facility	19	1%	7	1%
Other Practice Setting	122	7%	56	11%
Total	1,820	100%	492	100%
Did Not Have a Location	54		2,100	

Source: Va. Healthcare Workforce Data Center

The primary location for close to half of all LCPs is either a solo or group private practice; another 9% of LCPs work at academic institutions.

Among those LCPs who also have a secondary work location, 55% work at either a solo or a group private practice, while 9% work at an academic institution.



Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Typical Time Allocation

Patient Care:	70%-79%
Administration:	10%-19%

Roles

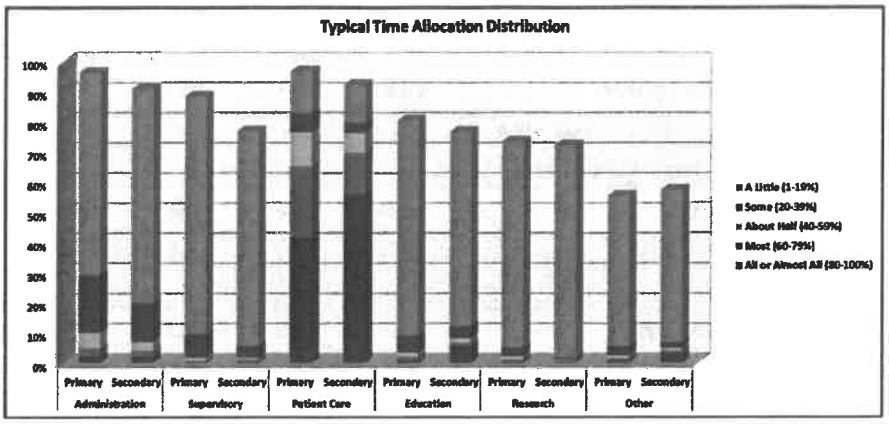
Patient Care:	65%
Administrative:	5%
Education:	2%

Patient Care LCPs

Median Admin Time:	1%-9%
Ave. Admin Time:	10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



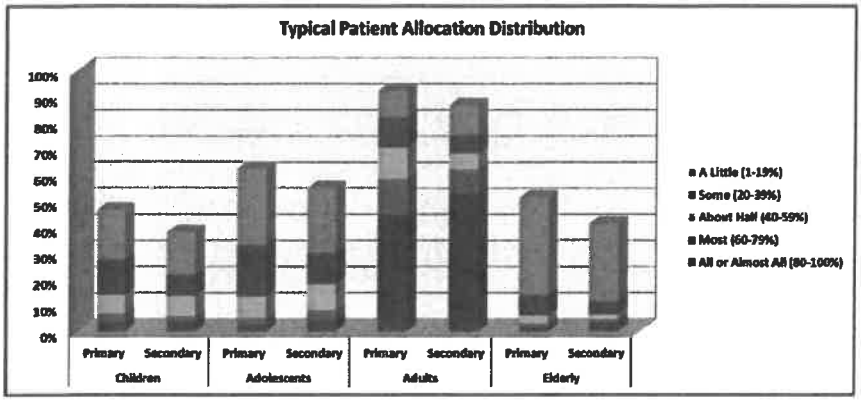
Source: Va. Healthcare Workforce Data Center

The typical LCP spends approximately 75% of her time treating patients. In fact, 65% of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.

Time Spent	Time Allocation											
	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	2%	2%	0%	0%	42%	56%	1%	5%	0%	0%	1%	3%
Most (60-79%)	3%	2%	0%	1%	23%	14%	1%	1%	1%	1%	1%	1%
About Half (40-59%)	5%	3%	1%	1%	11%	7%	1%	2%	1%	0%	1%	1%
Some (20-39%)	19%	13%	8%	4%	6%	3%	6%	4%	3%	1%	3%	2%
A Little (1-19%)	67%	71%	79%	71%	14%	13%	72%	65%	68%	71%	50%	51%
None (0%)	3%	9%	11%	23%	3%	7%	19%	23%	26%	28%	44%	42%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Approximately 75% of all patients seen by a typical LCP at her primary work location are adults. In addition, 58% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.

At a Glance:
(Primary Locations)

Typical Patient Allocation

Children:	None
Adolescents:	1%-9%
Adults:	70%-79%
Elderly:	1%-9%

Roles

Children:	7%
Adolescents:	5%
Adults:	58%
Elderly:	3%

Source: Va. Healthcare Workforce Data Center

Time Spent	Patient Allocation							
	Children		Adolescents		Adults		Elderly	
	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site	Prim. Site	Sec. Site
All or Almost All (80-100%)	4%	4%	2%	4%	45%	53%	2%	3%
Most (60-79%)	3%	2%	3%	4%	14%	9%	1%	1%
About Half (40-59%)	7%	8%	8%	10%	12%	6%	3%	2%
Some (20-39%)	13%	8%	20%	12%	11%	7%	8%	5%
A Little (1-19%)	19%	16%	29%	25%	10%	12%	37%	30%
None (0%)	53%	62%	38%	45%	8%	13%	49%	59%

Source: Va. Healthcare Workforce Data Center

At a Glance:

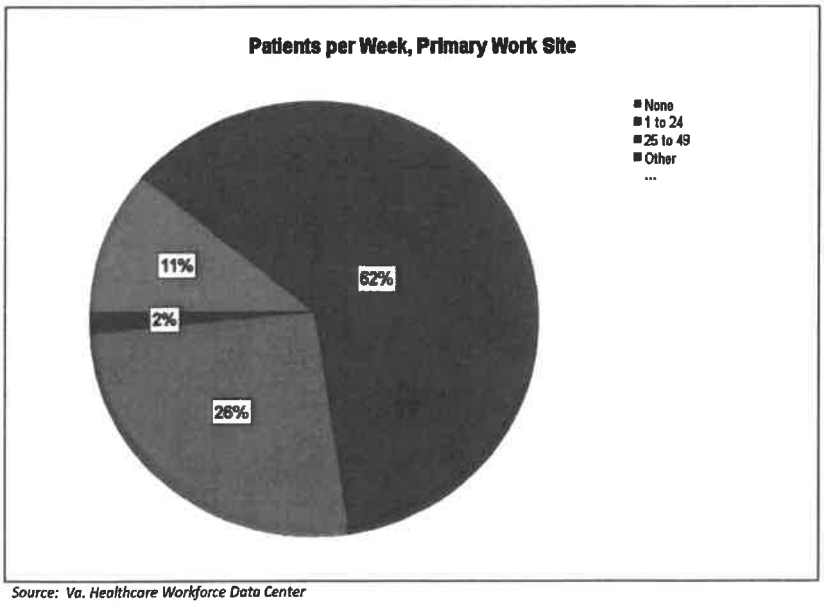
Patients Per Week

Primary Location: 1-24
Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

# of Patients	Patients Per Week			
	Primary Location		Secondary Location	
	#	%	#	%
None	215	11%	90	18%
1 to 24	1,193	62%	390	76%
25 to 49	500	26%	31	6%
50 to 74	24	1%	3	1%
75 or More	6	0%	0	0%
Total	1,938	100%	514	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

62% of all LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 76% treat between 1 and 24 patients per week.

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs over 50	
	#	%	#	%
Under age 50	7	0%	-	-
50 to 54	18	1%	3	0%
55 to 59	58	3%	15	2%
60 to 64	236	12%	67	7%
65 to 69	580	31%	222	24%
70 to 74	473	25%	285	31%
75 to 79	249	13%	159	17%
80 or over	78	4%	60	6%
I do not intend to retire	189	10%	119	13%
Total	1,890	100%	930	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All LCPs
Under 65: 17%
Under 60: 4%

LCPs 50 and over
Under 65: 9%
Under 60: 2%

Time until Retirement

Within 2 years: 6%
Within 10 years: 26%
Half the workforce: By 2044

Source: Va. Healthcare Workforce Data Center

4% of LCPs expect to retire no later than the age of 60, while 17% expect to retire by the age of 65. Among those LCPs who are ages 50 or over, 9% expect to retire by the age of 65.

Within the next two years, only 2% of Virginia's LCPs plan to leave the state to practice elsewhere, while 1% plans to leave the profession entirely. Meanwhile, 11% plan to increase patient care hours, and 4% expect to pursue additional educational opportunities.

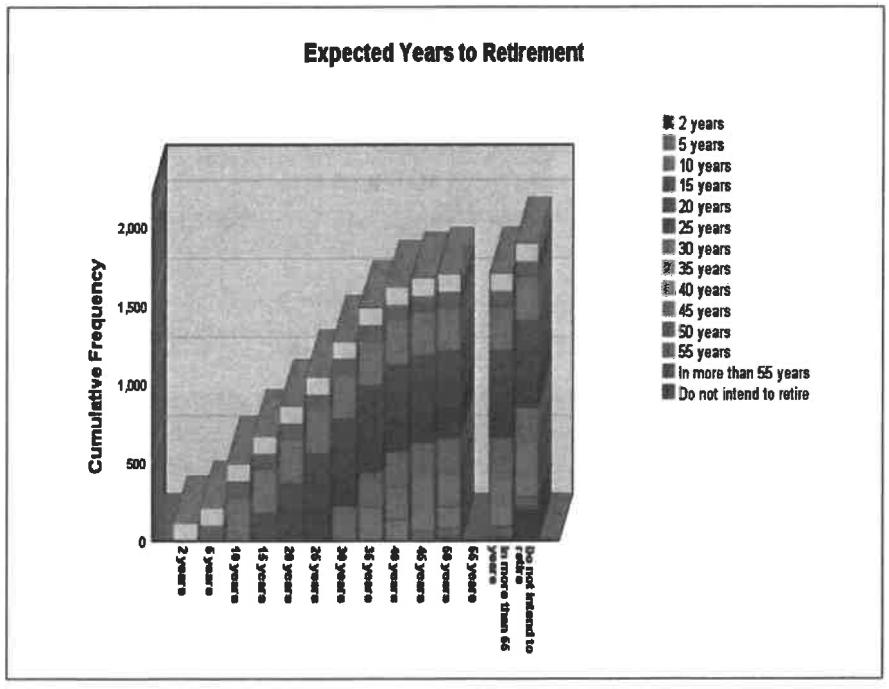
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	18	1%
Leave Virginia	59	2%
Decrease Patient Care Hours	268	10%
Decrease Teaching Hours	31	1%
Increase Participation		
Increase Patient Care Hours	288	11%
Increase Teaching Hours	137	5%
Pursue Additional Education	118	4%
Return to Virginia's Workforce	24	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Six percent of LCPs expect to retire in the next two years, while 26% plan on retiring in the next ten years. More than half of the current LCP workforce expect to retire by 2044.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	117	6%	6%
5 years	94	5%	11%
10 years	279	15%	26%
15 years	178	9%	35%
20 years	190	10%	45%
25 years	187	10%	55%
30 years	223	12%	67%
35 years	214	11%	78%
40 years	131	7%	85%
45 years	57	3%	88%
50 years	27	1%	90%
55 years	0	0%	90%
In more than 55 years	5	0%	90%
Do not intend to retire	189	10%	100%
Total	1,890	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to average over 10% of the current workforce every five years by 2029. Retirement will peak at 15% of the current workforce around the same period.

At a Glance:

FTEs

Total:	2,317
FTEs/1,000 Residents[2]:	0.272
Average:	0.88

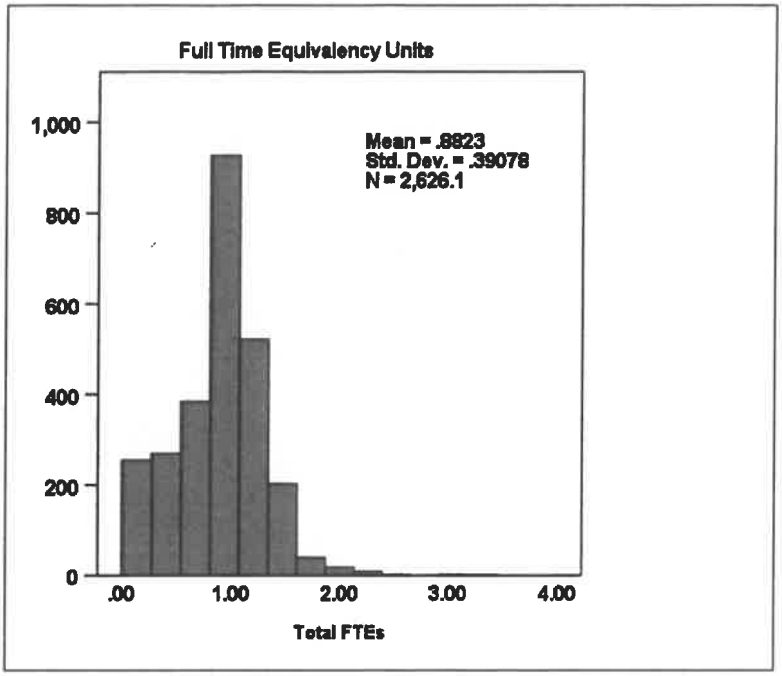
Age & Gender Effect

Age, Partial Eta[3]:	Medium
Gender, Partial Eta[3]:	Small

Partial Eta[3] Explained:
Partial Eta[3] is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

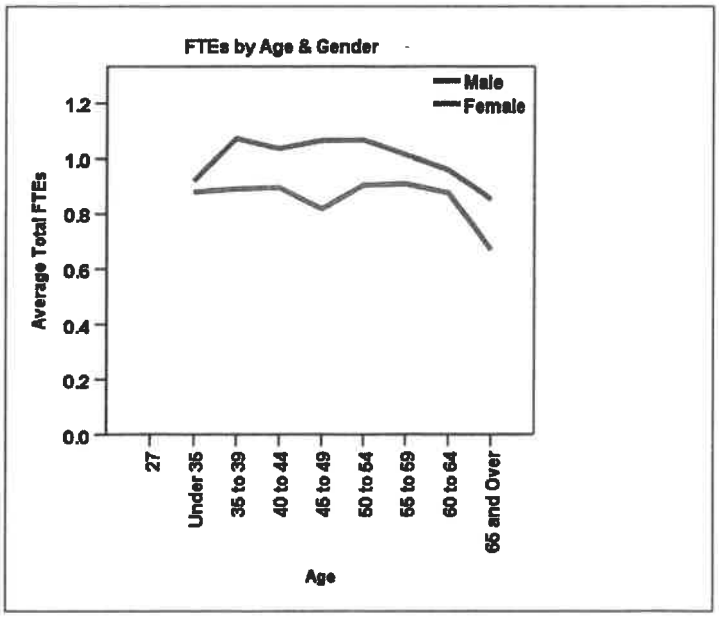


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.93 FTEs, or approximately 37 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify a difference exists.[3]

Full-Time Equivalency Units		
Age	Average	Median
Age		
Under 35	0.90	0.97
35 to 39	0.91	0.94
40 to 44	0.92	0.92
45 to 49	0.77	0.83
50 to 54	0.95	0.95
55 to 59	1.04	1.09
60 to 64	0.91	0.90
65 and Over	0.81	0.93
Gender		
Male	0.95	1.01
Female	0.86	0.91

Source: Va. Healthcare Workforce Data Center



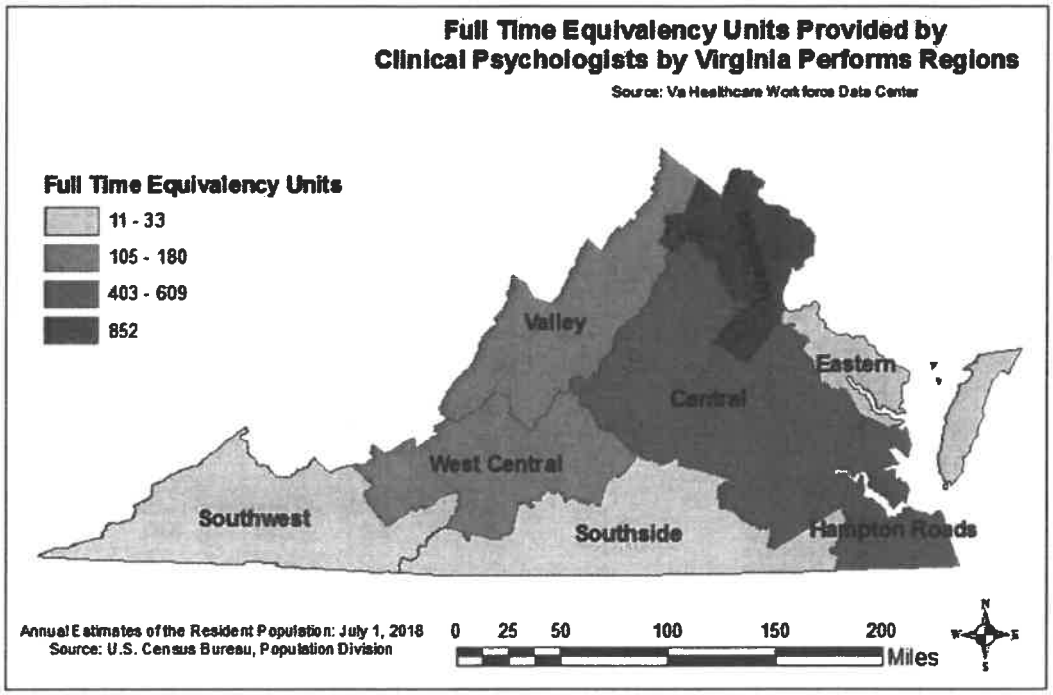
Source: Va. Healthcare Workforce Data Center

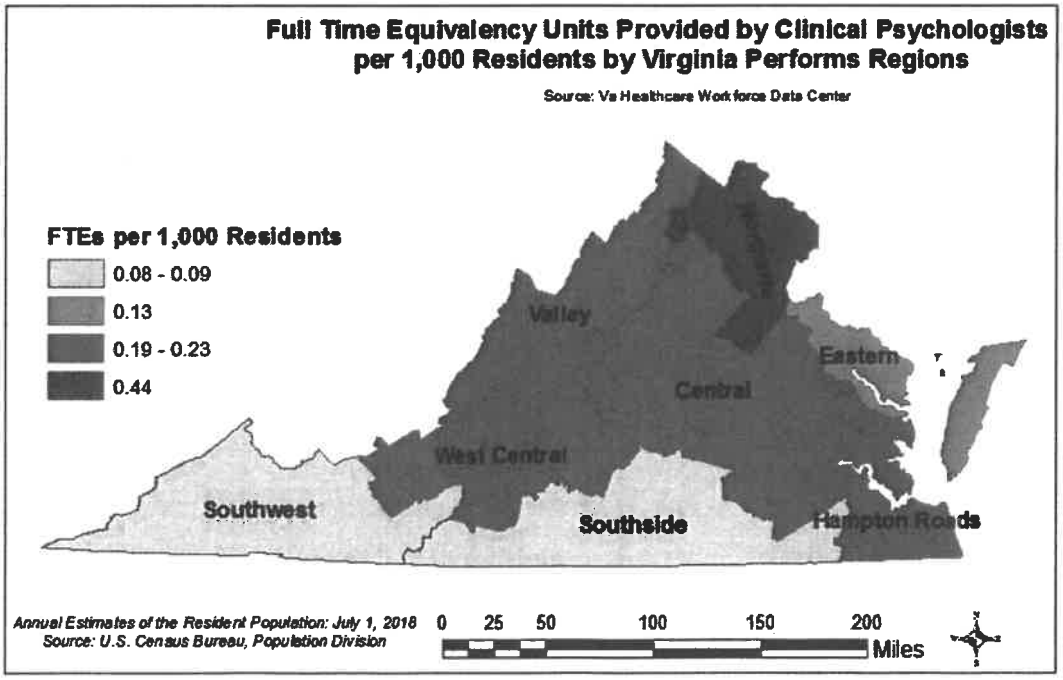
[2] Number of residents in 2018 was used as the denominator.

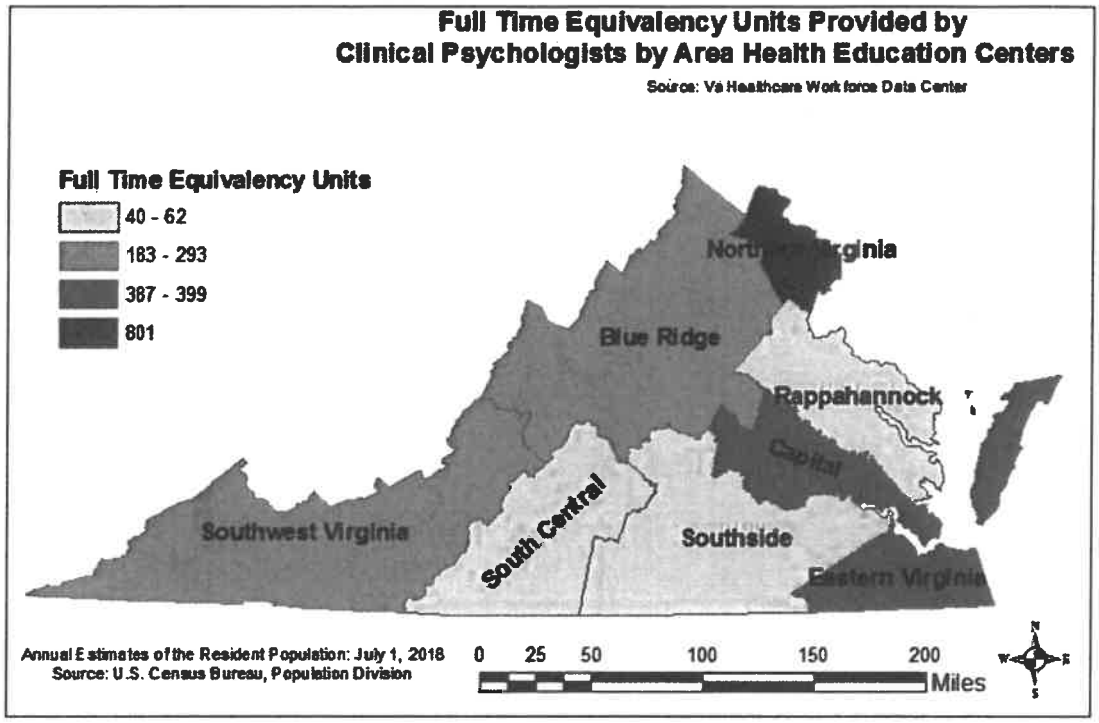
[3] Due to assumption violations in Mixed between-within ANOVA (Levene's Test is not significant)

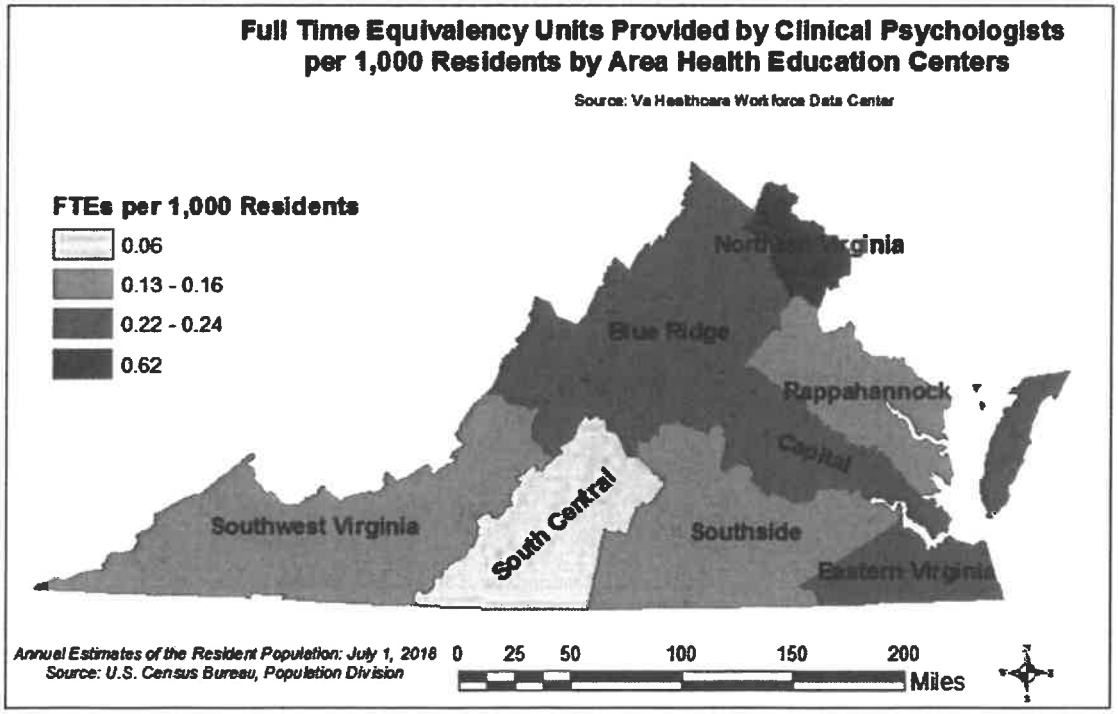
Maps

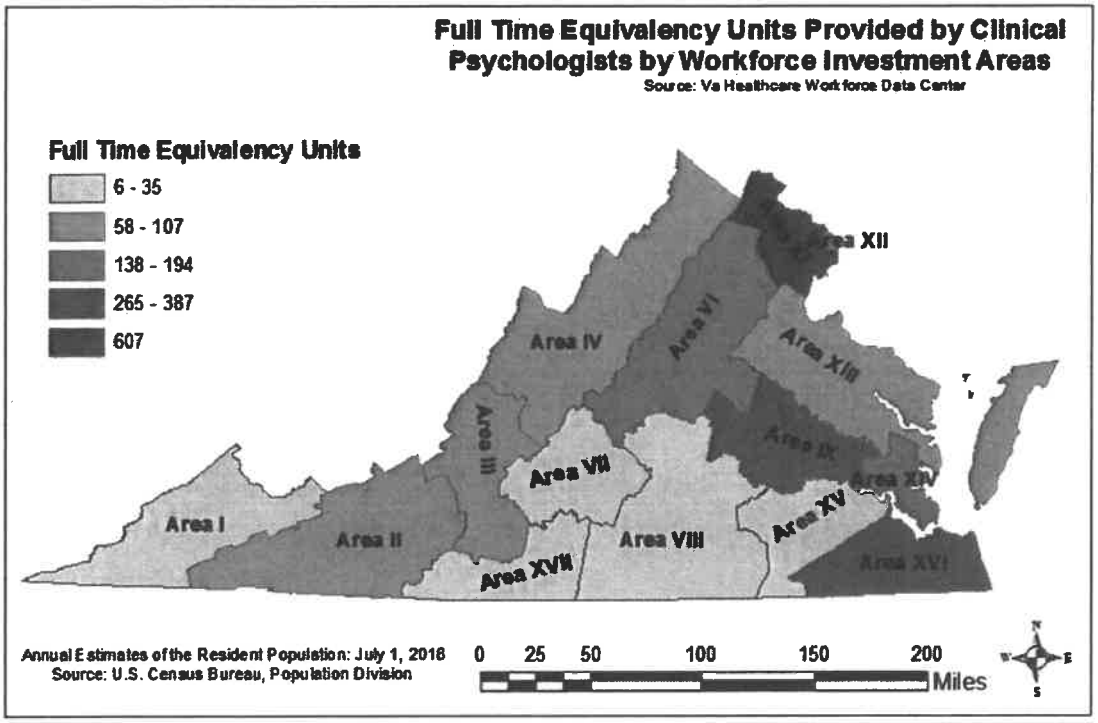
Virginia Performs Regions

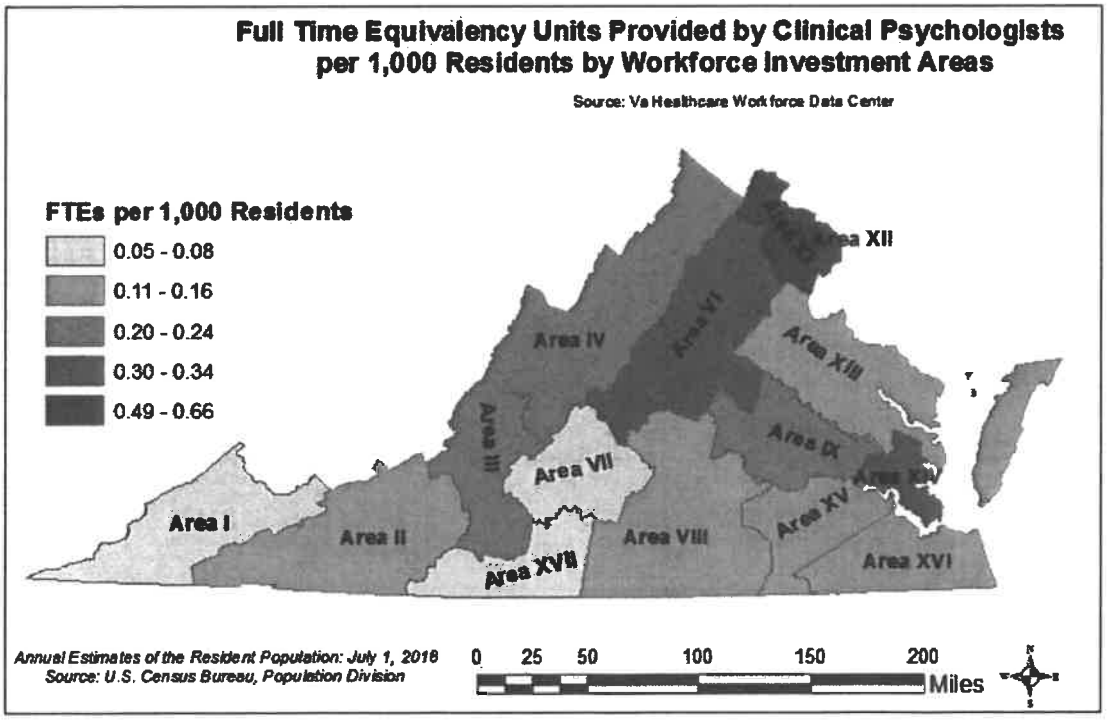


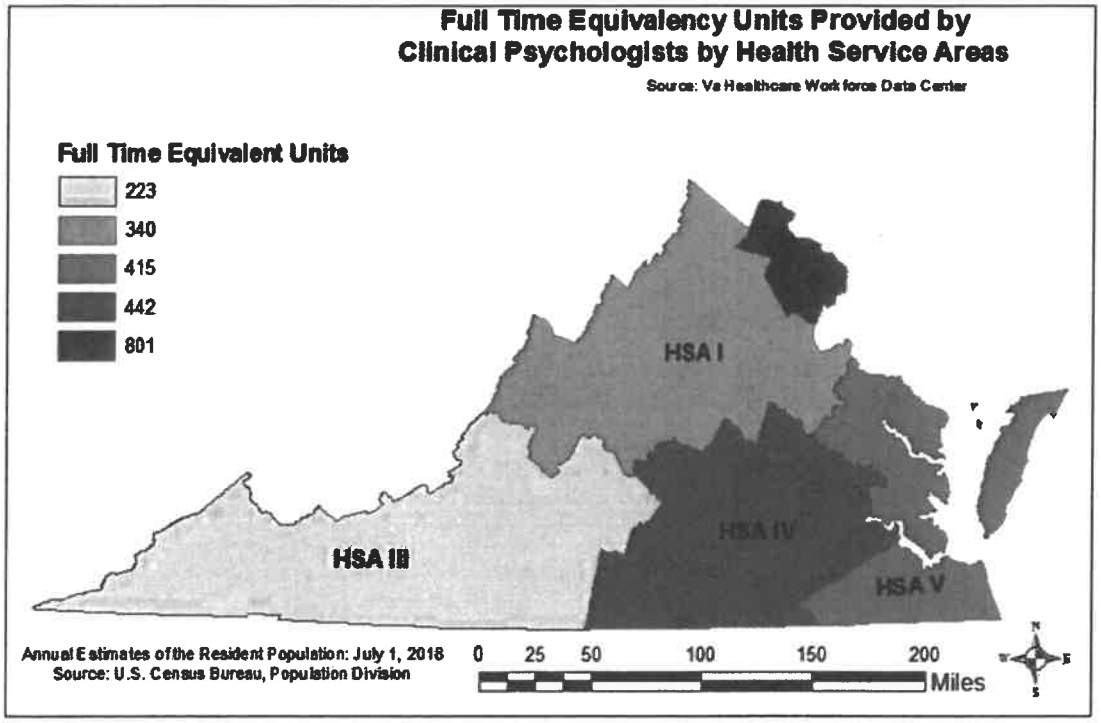


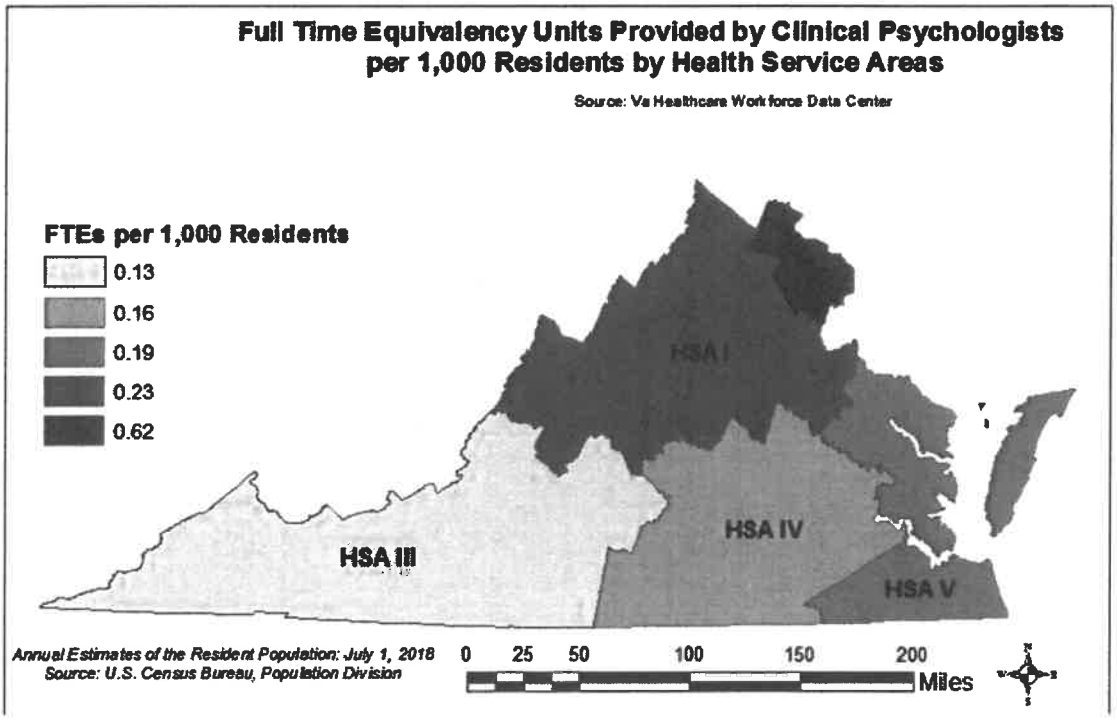

Full Time Equivalency Units Provided by
Clinical Psychologists by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
40 - 62
183 - 293
387 - 399
801
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

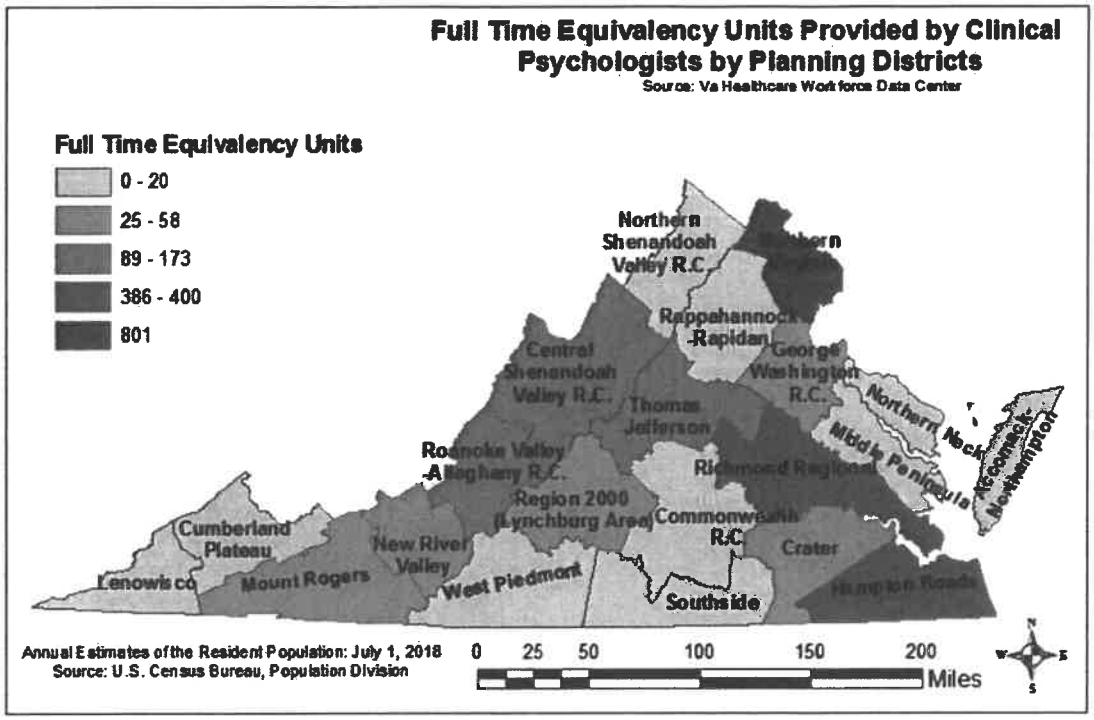

Full Time Equivalency Units Provided by Clinical Psychologists
per 1,000 Residents by Area Health Education Centers
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.06
0.13 - 0.16
0.22 - 0.24
0.62
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

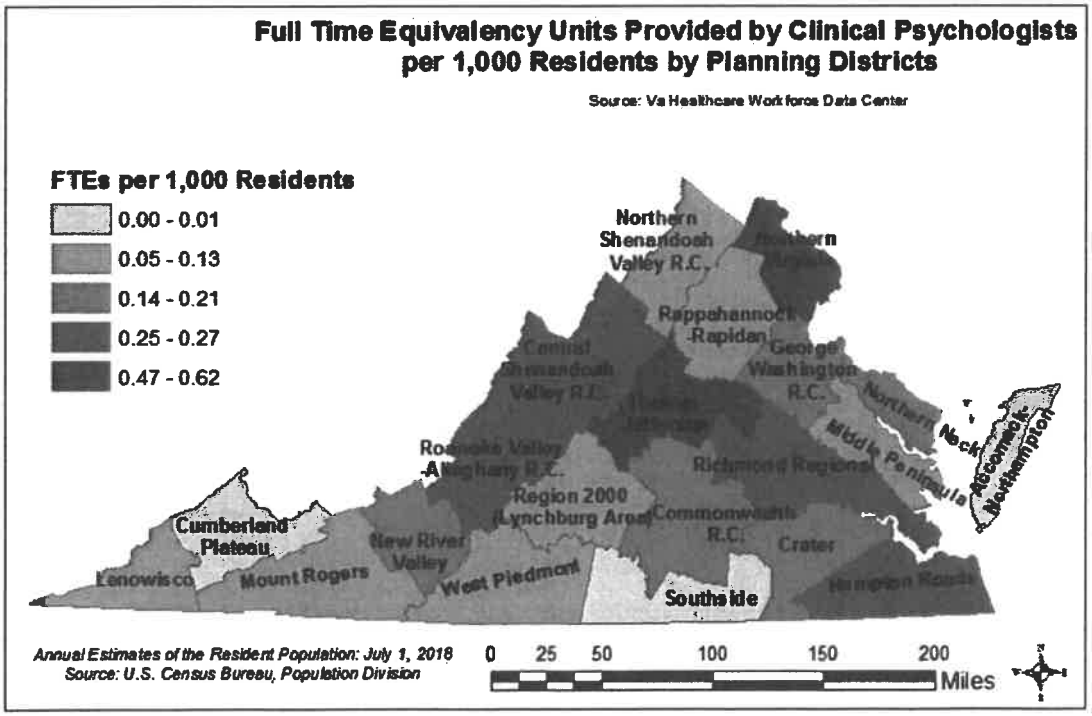

Full Time Equivalency Units Provided by Clinical Psychologists by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
6 - 35
58 - 107
138 - 194
265 - 387
607
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area XII
Area XIII
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Workforce Investment Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05 - 0.08
0.11 - 0.16
0.20 - 0.24
0.30 - 0.34
0.49 - 0.66
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area XII
Area XIII
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by
Clinical Psychologists by Health Service Areas
Source: Va Healthcare Workforce Data Center
Full Time Equivalent Units
223
340
415
442
801
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Clinical Psychologists
per 1,000 Residents by Health Service Areas
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.13
0.16
0.19
0.23
0.62
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Clinical Psychologists by Planning Districts
Source: Va Healthcare Workforce Data Center
Full Time Equivalency Units
0 - 20
25 - 58
89 - 173
386 - 400
801
Northern Shenandoah Valley R.C.
Rappahannock Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Accomack-Northampton
Middle Peninsula
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles


Full Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Planning Districts
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.00 - 0.01
0.05 - 0.13
0.14 - 0.21
0.25 - 0.27
0.47 - 0.62
Northern Shenandoah Valley R.C.
Rappahannock Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Northern Neck
Accomack-Northampton
Middle Peninsula
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Annual Estimates of the Resident Population: July 1, 2018
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	1947	89.68%	1.115	1.053	1.260
Metro, 250,000 to 1 million	137	93.43%	1.070	1.011	1.209
Metro, 250,000 or less	433	85.68%	1.167	1.103	1.318
Urban pop 20,000+, Metro adj	9	100.00%	1.000	0.987	1.022
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	50	84.00%	1.190	1.125	1.345
Urban pop, 2,500-19,999, nonadj	18	94.44%	1.059	1.000	1.082
Rural, Metro adj	33	81.82%	1.222	1.155	1.381
Rural, nonadj	14	85.71%	1.167	1.102	1.318
Virginia border state/DC	561	82.89%	1.206	1.140	1.363
Other US State	537	79.89%	1.252	1.183	1.414

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 35	363	76.86%	1.301	1.209	1.414
35 to 39	588	87.24%	1.146	0.995	1.246
40 to 44	470	87.87%	1.138	0.988	1.237
45 to 49	469	91.90%	1.088	1.000	1.183
50 to 54	355	91.27%	1.096	1.007	1.191
55 to 59	302	87.42%	1.144	0.993	1.243
60 to 64	315	87.94%	1.137	0.987	1.236
65 and Over	877	84.95%	1.177	1.022	1.279

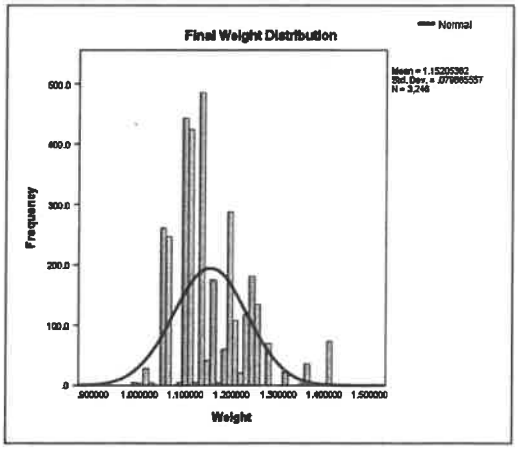
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC Methods: www.dhp.virginia.gov/hwdc/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.8681



Source: Va. Healthcare Workforce Data Center

Chart of Regulatory Actions

Board	Board of Psychology

Chapter	Action / Stage Information
Regulations Governing the Practice of Psychology [18 VAC 125 - 20]	Action: Result of Periodic Review Stage: Proposed - *At Governor's Office*
Regulations Governing the Practice of Psychology [18 VAC 125 - 20]	Action: Unprofessional conduct/conversion therapy Stage: NOIRA - *Register Date: 7/8/19*

Comments on NOIRA

and

Adoption of Proposed Regulations

on

Conversion Therapy

Agenda Item: Adoption of proposed regulation on Conversion Therapy

Included in your agenda package are:

A copy of the Guidance Document effective May 2, 2019

Copy of NOIRA announcement

Copies of comments on the NOIRA

Copy of DRAFT proposed regulations

Board action:

The Board will need to decide whether to proceed with adoption of proposed amendments to define "conversion therapy" and amend standards of practice

Virginia Board of Psychology

Guidance Document on the Practice of Conversion Therapy

For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any[i] gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity in any direction.

In 18VAC125-20-150 of the *Regulations Governing the Practice of Psychology* ("Regulations"), the Virginia Board of Psychology ("Board") has stated that "[t]he protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences."

One of the standards of practice established in the Regulations is that persons licensed or registered by the Board shall:

"*Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable.*" 18VAC125-20-150(B)(5).

Many national behavioral health and medical associations have issued position and policy statements regarding conversion therapy/sexual orientation change efforts, especially with minors. Such statements have typically noted that conversion therapy has not been shown to be effective or safe.

Consistent with established positions by the American Psychological Association, National Association of School Psychologists, and Virginia Academy of Clinical Psychologists (see below), the Board considers "conversion therapy" or "sexual orientation change efforts" (as defined above) to be services that have the potential to harm patients or clients, especially minors. Thus, under the Regulations governing applied, clinical, and school psychologists and others licensed or registered by the Board, practicing conversion therapy/sexual orientation change efforts with minors could result in a finding of misconduct and disciplinary action against the licensee or registrant.

An email communication to the Board, dated May 7, 2018, stated the position of the Virginia Academy of Clinical Psychologists (VACP).

The following was unanimously approved by the VACP Board of Directors and represents the official position statement of VACP:

- *Significant research by both the American Psychological Association and the American Psychiatric Association substantiates that "conversion therapy" should be prohibited in that it has the potential to be harmful to patients. "Conversion therapy," or, "efforts to change a person's sexual orientation" shall mean any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person, or facilitates a person's coping, social support, and identity exploration and development. This includes sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity.*

- *It is the stance of VACP that "Conversion therapy" should be considered as a violation of standards of practice in that rendering such services is considered to have real potential of jeopardizing the health and well-being of patients.*

The American Psychological Association has issued several statements related to this subject, including:

> "Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts" (2010) [https://www.apa.org/about/policy/sexual-orientation.pdf] :
>
> > … On the basis of the Task Force's findings, the APA encourages mental health professionals to provide assistance to those who seek sexual orientation change by utilizing affirmative multiculturally competent and client-centered approaches that recognize the negative impact of social stigma on sexual minorities and balance ethical principles of beneficence and nonmaleficence, justice, and respect for people's rights and dignity. [note: internal footnotes and references deleted for readability]
> > … Be it further resolved that the [American Psychological Association] concludes that there is insufficient evidence to support the use of psychological interventions to change sexual orientation;
> > …Be it further resolved that the [American Psychological Association] advises patients, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and social support, and reduce rejection of sexual minority youth….

The National Association of School Psychologists stated in its Position Statement on "Safe and Supportive Schools for LGBTQ+ Youth" (2017) that:

> The National Association of School Psychologists (NASP) believes school psychologists are ethically obligated to ensure all youth with diverse sexual orientations, gender identities, and/or gender expressions, are able to develop and express their personal identities in a school climate that is safe, accepting, and respectful of all persons and free from discrimination, harassment, violence, and abuse. Specifically, NASP's ethical guidelines require school psychologists to promote fairness and justice, help to cultivate safe and welcoming school climates, and work to identify and reform both social and system-level patterns of injustice (NASP, 2010, pp. 11–12). NASP further asserts all youth are entitled to equal opportunities to participate in and benefit from affirming and supportive educational and mental health services within schools. As such, any efforts to change one's sexual orientation or gender identity are unethical, are illegal in some states, and have the potential to do irreparable damage to youth development (Just the Facts Coalition, 2008 (emphasis added)). The acronym LGBTQ+ is intended to be inclusive of students of diverse sexual orientations, gender identities, and/or gender expressions, and the term youth is inclusive of all children, adolescents, and young adults.

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[i] Because of the evolving nature of terminology in this area, both the American Psychological Association and National Association of School Psychologists have included definitions in their documents related to sexual orientation and gender expression. Of special note, these definitions have made it clear that adhering to a binary construction of gender (male OR female) is inconsistent with evolving descriptions of self and others. For example, in its "Guidelines for Psychological Practice with Transgender and Gender Nonconforming People," the American Psychological Association stated in Guideline 1 that "Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth." (p. 3) [https://www.apa.org/practice/guidelines/transgender.pdf]. Thus, the definition above refers to "any" gender and "in any direction" instead of referring specifically to "same" gender attraction.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Psychology**

Chapter **Regulations Governing the Practice of Psychology [18 VAC 125 - 20]**

Action: Unprofessional conduct/conversion therapy

Notice of Intended Regulatory Action (NOIRA)

Action 5218 / Stage 8522

Edit Stage | Withdraw Stage | Go to RIS Project

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Statement	2/1/2019	Upload / Replace
Governor's Review Memo	6/14/2019	
Registrar Transmittal	6/14/2019	

Status	
Public Hearing	Will be held at the **proposed** stage
Exempt from APA	No, this stage/action is subject to article 2 of the *Administrative Process Act* and the standard executive branch review process.
DPB Review	Submitted on 2/1/2019 Policy Analyst: Jeannine Rose Review Completed: 2/14/2019 *DPB's policy memo is "Governor's Confidential Working Papers"*
Secretary Review	Secretary of Health and Human Resources Review Completed: 5/27/2019
Governor's Review	Review Completed: 6/14/2019 Result: Approved
Virginia Registrar	Submitted on 6/14/2019 **The Virginia Register of Regulations** Publication Date: 7/8/2019 **Volume: 35 Issue: 23**
Comment Period	**Ended 8/7/2019** **360 comments**

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233

Summary of Public Comment

Commenter	Comment
188 persons supported the intended regulatory action	Commenters noted that conversion therapy has no scientific basis, is not supported by any health or mental health professional organization, and has been shown to be ineffective, harmful, unethical, and destructive to individuals and families.
163 persons opposed the intended regulatory action	Commenters noted that any prohibition of practice is a violation of a counselor's freedom of religion and free speech. Commenters also stated that clients should have the right to receive counseling for unwanted sexual feelings, and that parents should have a fundamental right to make decisions for their children.

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Agency **Department of Health Professions**

Board **Board of Psychology**

Chapter **Regulations Governing the Practice of Psychology [18 VAC 125 - 20]**

Action	Unprofessional conduct/conversion therapy
Stage	NOIRA
Comment Period	Ends 8/7/2019

360 comments

All good comments for this forum **Show Only Flagged**

Back to List of Comments

Commenter: Casey Pick, The Trevor Project 7/8/19 6:10 pm

The Trevor Project Supports the NOIRA regarding regulation 18VAC125-20

Re: Support for the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy

Dear Virginia Board of Psychology,

The Trevor Project is proud to support the NOIRA regarding regulation 18VAC125-20, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

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

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

Far from being a relic of history, the practice of conversion therapy is active and ongoing in Virginia today. A 2018 study by the Williams Institute at the University of California, Los Angeles School of Law shows that nearly 700,000 LGBTQ adults have been subjected to conversion therapy, with 350,000 of them receiving the dangerous and discredited treatment as youth. That number grows by thousands each year as the Williams Institute estimates that nearly 57,000 LGBTQ youth will be subjected to conversion therapy in the next few years by either a religious or spiritual advisor. An estimated 20,000 LGBT youth currently ages 13 to 17 will undergo conversion therapy from a licensed healthcare professional before the age of 18. These are the youth this regulation would protect.

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

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

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

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

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

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

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

For these reasons and on behalf of the youth who depend upon our services, The Trevor Project strongly supports the NOIRA regarding regulation 18VAC125-20. Thank you for your consideration of this importance regulation.

Sincerely,

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

Commenter: Elizabeth Florek 7/8/19 6:16 pm

Conversion therapy does harm. Ban it.

I support a regulatory ban on conversion therapy. Pseudoscientific claims made by homophobes have no place in the practice of licensed practitioners.

Commenter: Nancy Morin 7/8/19 7:11 pm

The AMA opposes Conversion Therapy and so should VA

Conversion therapy" refers to any form of interventions which attempt to change an individual's sexual orientation, sexual behaviors or gender identity. Underlying these 'therapies' is the assumption that homosexuality and gender nonconformity are mental disorders and that sexual orientation and gender identity can be changed. This assumption is not based on medical or scientific evidence. Professional consensus rejects pathologizing homosexuality and gender nonconformity and evidence does not support the efficacy of changing sexual orientation.

"Conversion therapy" often includes unethical techniques including electric shock, deprivation of food and liquid, chemically induced nausea and masturbation reconditioning. These practices may increase suicidal behaviors and cause significant psychological distress, anxiety, lowered self-esteem, internalized homophobia, self-blame, intrusive imagery and sexual dysfunction.

The AMA opposes the use of "conversion therapy" for sexual orientation or gender identity.

Commenter: Elizabeth Harvey 7/8/19 7:19 pm

Ban conversion Therapy

Conversion Therapy needs to be banned now! It is completely unacceptable.

Commenter: Mary Mullins 7/8/19 7:53 pm

Ban Conversion Therapy

Conversion therapy, which seeks to change a person's sexual orientation, is an abusive, dangerous practice that must be banned in Virginia. Studies consistently show that the practice is harmful and entirely ignores legitimate medical practice, science and research. The only consistent outcome appears to be an increased risk of depression, anxiety and suicide in the patients subjected to it. The government of Virginia must act swiftly and decisively to ban this dangerous so-called therapy.

Commenter: Colleen LaClair 7/9/19 9:06 am

Ban Conversion Therapy

Conversion Therapy is a horrible practice and should be banned from all states. It is nothing but a form of mental torture and abuse. Time and again studies have proven that it is not only ineffective in its purpose, but that it is also harmful and leads to mental distress, depression, drug use, increased risk of STDs, and suicide attempts. Being LGBTQ is not a disease that needs to be cured. It is a natural state of being just as is being heterosexual and people should not be forced into torture for being one or the other.

Commenter: Colleen LaClair 7/9/19 9:07 am

Conversion Therapy Must Be Banned

Conversion Therapy is a horrible practice and should be banned from all states. It is nothing but a form of mental torture and abuse. Time and again studies have proven that it is not only ineffective in its purpose, but that it is also harmful and leads to mental distress, depression, drug use, increased risk of STDs, and suicide attempts. Being LGBTQ is not a disease that needs to be cured. It is a natural state of being just as is being heterosexual and people should not be forced into torture for being one or the other.

Commenter: Ted Lewis, Side by Side Va, Inc. 7/9/19 9:07 am

Side by Side Supports a Ban on "Conversion Therapy"

To Whom It May Concern:

On behalf of the youth and families of Side by Side (formerly ROSMY), I write in support of the NOIRA regarding regulation 18VAC125-20, which would protect youth under the age of 18 from so-called "conversion therapy"?in Virginia psychological practice.?For over 25 years, Side by Side has provided support and mental health counseling to lesbian, gay, bisexual, transgender, queer, and questioning youth ages 11-20 in Central Virginia. We have witnessed first hand the damage "conversion therapy" has on the mental health and stability of LGBTQ+ youth.

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

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

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

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

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

Sincerely,

Ted Lewis

Executive Director

Side by Side, VA

Commenter: Andrew Barker, Southeastern VA Atheists, Skeptics, & Humanists (SEVASH) 7/9/19 10:01 am

Ban Conversion Therapy

The practice of conversion therapy has been unequivocally and officially opposed for at least two decades by the American Psychiatric Association, first in their 1998 position statement: "APA opposes any psychiatric treatment, such as "reparative" or "conversion" therapy, that is based on the assumption that homosexuality per se is a mental disorder or is based on the a priori assumption that the patient should change his or her homosexual orientation", and again in 2013: "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed" (American Psychiatric Association, 2018).

Additionally, the American Psychological Association opposes the use of conversion or reparative therapies - "So-called reparative therapies are aimed at 'fixing' something that is not a mental illness and therefore does not require therapy. There is insufficient scientific evidence that they work, and they have the potential to harm the client," said APA 2015 President Barry S. Anton, PhD. "APA has and will continue to call on mental health professionals to work to reduce misunderstanding about and prejudice toward gay and transgender people" (American Psychological Association, 2015).

The job of a professional therapist, psychiatrist, or psychologist is to provide the best *evidence-based* treatment for their patients, regardless of the personal, religious, or moral feelings of the patient, their family, or the therapist themselves. There is no evidence to support the incorrect and damaging idea that a person's sexual orientation can be, much less *needs* to be "fixed", but there is ample evidence that such therapies are damaging, dangerous, and even potentially deadly. A November 2018 study in *Journal of Homosexuality* found strong evidence that adolescent experience with conversion therapy leads to a unfavorable mental health outcomes as adults, stating "Attempts by parents/caregivers and being sent to therapists and religious leaders for conversion interventions were associated with depression, suicidal thoughts, suicidal attempts, less educational attainment, and less weekly income" (Ryan, Toomey, Diaz, & Russell, 2018).

Conversion therapy intended to change a person's sexual orientation or gender identity must be banned outright throughout the Commonwealth of Virginia, and any therapist, psychiatrist, or psychologist who promotes or suggests conversion or reparative therapy as a treatment option, especially when dealing with children or adolescents, should not be allowed to continue treating patients.

Reference

American Psychiatric Association. (2018). APA reiterates strong opposition to conversion therapy. Retrieved from https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy

American Psychological Association. (2015). American Psychological Association applauds President Obama's call to end use of therapies intended to change sexual orientation. Retrieved from https://www.apa.org/news/press/releases/2015/04/therapies-sexual-orientation

Ryan, C., Toomey, R.B., Diaz, R.M., & Russell, S.T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for youn adult mental health and adjustment. *Journal of Homosexuality,* 1-15. doi: 10.1080/00918369.2018.

Commenter: Shirley Carley 7/9/19 12:59 pm

Supporting banning conversion therapy

Conversion therapy needs to be banned. This dangerous process does not serve to change any one except to cause them to go deeper into the closet. It causes more depression and suicidal ideations and can lead to actual suicide.

Commenter: Carrie Lynn Bailey, 3 Little Birds Counseling LLC 7/9/19 1:29 pm

In support of proposed guidelines in ethically and responsibly serving our LGBTQ Youth

Dear Virginia Board of Psychology,

As a practicing Licensed Professional Counselor in the state of Virginia who has extensive experience in working with LGBT clients across the life span, I am writing to provide my strong support for the proposed NOIRA regulations 18VAC115-20, -30, -50, and -60 as essential to the protection of harm and in keeping with a practitioner's ethical responsibility in best serving young clients in danger of potentially irreparable damage that often occurs when forced to undergo such 'therapy.'

Conversion 'therapy,' sometimes referred to as "reparative therapy," has no basis in the literature, and is in fact at odds with helpful and/or therapeutic practice. What is much more critical to the needs of those working to best understand their identity is affirming and accepting support in a non-directive [and non-coercive] manner that provides developmentally appropriate guidance and exploration of an individual's understanding of sexuality and gender. 'Conversion therapy' does not support healthy growth and development, but instead as been shown to increase shame, depression, anxiety, social withdrawal, and suicidal thoughts, and is grounded in stigma, religious ideology, and misinformation. The American Counseling Association, the American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the American Association for Marriage and Family Therapy, and the National Association of Social Workers have all issued statements regarding the detrimental impact of such 'therapeutic' practice.

These guidelines provide further support and are upheld by current Virginia law prohibiting discredited and unsafe practices by licensed therapists. Minors, particularly LGBTQ+ minors, rely on the oversight of responsible, trained, licensed, and ethical practitioners in ensuring their safety and protecting them exposure to therapeutic practices that are damaging to their growth. These guidelines serve to fortify the existing laws and protections in place, and if anything, protect the 'freedom' of these clients and children that those opposed falsely accuse the guidelines of denying. In consulting with current clients, my statement here is not only grounded in professional knowledge and experience, but in the voices and stories of clients who have suffered due to a lack of such protections in the past. Thus, I wholeheartedly thank you for these guidelines and urge their adoption and implementation as soon as possible.

Sincerely,

Carrie Lynn Bailey, PhD, NCC, LPC

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Reference for Appropriate Therapeutic Responses to Sexual Orientation (APA, 2009):

https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf

Reference regarding Reparative Therapy/Conversion Therapy as a Significant and Serious Ethical Violation by the ACA Code of Ethics [2017]:

https://www.counseling.org/docs/default-source/resolutions/reparative-therapy-resoltution-letter--final.pdf?sfvrsn=d7ad512c_4

Position Statement from the National Association of Social Workers on Sexual Orientation Change Efforts and Conversion Therapy [2015]:

https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0

Report from the Substance Abuse and Mental Health Services Administration [SAMHSA] on Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth [2015]:

https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0

Commenter: Pamela Piero 7/9/19 3:05 pm

Please ban conversion therapy in Virginia.

Please ban conversion therapy. As a sister of a LBGQT sibling, (who is living their best life) I fully support the banning of this unethical treatment modality.

Commenter: Equality Virginia 7/9/19 3:06 pm

Re: Support for the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy
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Re: Support for **the NOIRA regarding regulation 18VAC125-20,** on the Practice of Conversion Therapy

Dear Virginia Board of Psychology,

Equality Virginia is pleased to support **the NOIRA regarding regulation 18VAC125-20,** which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. Equality Virginia is the leading advocacy organization in Virginia seeking equality for lesbian, gay, bisexual, and transgender people.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.[4]

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,
Equality Virginia

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

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

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

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Aiden Barnes, Southeastern Virginia Atheists, Skeptics, & Humanists 7/9/19 3:20 pm

Re: Support for the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy

The Southeastern Virginia Atheists, Skeptics, & Humanists (SEVASH) are pleased to support the NOIRA regarding regulation 18VAC140-20, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent

number should be viewed as a floor. The same survey found42percentof LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and non-binary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

V/R,

Aiden Barnes
Organizer | Southeastern Virginia Atheists, Skeptics, & Humanists (SEVASH)
sevaskeptics@gmail.com

Commenter: Lauren Dickerson 7/9/19 3:43 pm

Ban Conversion Therapy

I was always taught to treat other the way I wanted to be treated. I am appalled that in the land of the free LGBTQ+ youth are targeted for "conversion therapy" that tells them that they are bad because of who they are. These dangerous and discredited practices include the use of shame, pornography, psychological abuse, and even aversive conditioning. These "treatments" lead to devastating and lifelong problems including depression, anxiety, substance abuse, and suicide. I am gay and it sickens me to know that some LGBTQ+ youth are being told they are inherently wrong or shameful.

Commenter: Grace Gilbert 7/9/19 4:25 pm

Conversion Therapy

Hello, my name is Grace and I am writing in support of the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed social workers in Virginia.

Commenter: Jonathan Russell 7/9/19 6:06 pm

No more conversion therapy

Dear Virginia Board of Psychology, Hello, my name is Jonathan Russell and I am writing in support of the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. As a gay man, I have read many studies on research concerning conversion therapy, and have read many stories and seen many movies depicting conversion therapy, and I can, without a doubt, testify that this is neither effective nor is it just and right to do something to an individual. Just as I am a man, I am gay. It is part of who I am, and it is not

something I should be punished because of, nor should it be treated as something that needs to change, or something wrong with me. I am an incredible person that adds so much to those around me, and my impact is irreplaceable and it is because of every different part of me that I am the way I am. Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices. Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year. These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation. Sincerely, Jonathan Russell

Commenter: Elizabeth Snyder 7/9/19 9:02 pm

end conversion therapy

Conversion therapy is inhumane. Please take steps towards ending this awful practice.

7/10/19 7:00 am

Commenter: Cheryll Lesser

Ban Conversion Therapy

The AMA opposes Conversion Therapy and so should VA

Conversion therapy" refers to any form of interventions which attempt to change an individual's sexual orientation, sexual behaviors or gender identity. Underlying these 'therapies' is the assumption that homosexuality and gender nonconformity are mental disorders and that sexual orientation and gender identity can be changed. This assumption is not based on medical or scientific evidence. Professional consensus rejects pathologizing homosexuality and gender nonconformity and evidence does not support the efficacy of changing sexual orientation. "Conversion therapy" often includes unethical techniques including electric shock, deprivation of food and liquid, chemically induced nausea and masturbation reconditioning. These practices may increase suicidal behaviors and cause significant psychological distress, anxiety, lowered self-esteem, internalized homophobia, self-blame, intrusive imagery and sexual dysfunction.

The AMA opposes the use of "conversion therapy" for sexual orientation or gender identity.

Commenter: Larry Mendoza, State Director: American Atheists 7/11/19 11:36 am

Support for the NOIRA regarding regulation 18VAC1 25 - 20 , on the Practice of Conversion Therapy

Dear Virginia Board of Psychology,

American Atheists is pleased to support **the NOIRA regarding regulation 18VAC125-20**, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. American Atheists is a national organization dedicated to the separation of church and state, the normalization of atheists, science based policies, and supporter and ally of the LGBTQ community. We believe that science and empirical based evidence must be used to drive policy, not religious ideology. We stand as allies with the LGBTQ community in abolishing conversion therapy altogether, especially in regards to our youth.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or

gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.[4]

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Larry Mendoza
Virginia State Director
American Atheists

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

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

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

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Madeline Vann 7/14/19 12:10 pm

Please ban conversion therapy

Conversion therapy traumatizes (or retraumatizes, depending on what they may already have endured at the hands of their friends, family, and school community) the recipients and is an unethical practice for any individual working in the field of behavioral health or medicine to implement. It flies in the face of the commitment to "do no harm" and is contrary to the ideals of behavioral health professions. Professionals who continue to offer or implement conversation therapy ought to lose their license (or face significant consequents from the board) for failing to prioritize their client's wellbeing and potential to be empowered as a whole person. I am a resident in counseling with a background in public health (so I am well aware that professional groups such as the American College of Physicians have already recommended against this practice, based on its traumatizing qualities) - I am also a practicing Christian who views conversion therapy as additionally counter to the two commandments Jesus highlighted as most important: loving one's neighbor as one's self, and loving God above all else. Instead, this practice bluntly states that the practitioner does not unconditionally accept the client for who they are (and so is unable to fully

embrace the client as a beloved neighbor in this life), and further more (from the Christian view) is questioning God's plan for the individual in front of them. I do not believe that this practice should even be considered appropriate in any way within a faith-based behavioral health setting. Finally, allowing the practice of conversion therapy by respected behavioral health professionals subtly aides and abets the homophobia present in the broader society which continues to lead to suicide, self-harm, trauma, and the experience of verbal and physical violence among members of the LGBTQ+ community. As an ally to that community, it is my greatest hope that you are able to ban conversion therapy in the interests of a more merciful and loving society.

Commenter: Noelle Hurd, UVA 7/18/19 6:31 pm

Conversion therapy is harmful

Conversion therapy is harmful to members of the LGBTQ community and should not be permissible. As clinicians and psychologists, our ethics code dictates that we follow principles of beneficence and nonmaleficence. Accordingly, any clinician engaging in this practice should have their license revoked.

Commenter: Jessica Claire Haney 7/19/19 10:51 am

In support of a ban on conversion therapy.

I support banning conversion therapy in Virginia. It is harmful to all LGBTQ people and especially youth. There is no reason to sanction a modality predicated on narrow ideas of what is acceptable behavior. It is 2019 and LGBTQ people deserve nothing less than acceptance and support. If you believe that all people have a right to exist as they are rather than be subject to harmful practices that tell them they need to change to comply with other people's ideas of socially acceptable was to be, you will do the right thing. Please ensure that Virginia not be a place to allow such detrimental practices as conversion therapy. Listen to doctors who are not funded or supported by religious ideological organizations; stand for mental health and a tolerant society.

Commenter: Alexandra Silverman 7/21/19 12:26 pm

Ban Conversion Therapy

There is no scientific evidence backing conversion therapy as a credible or useful form of psychological treatment. Instead, the evidence suggests that conversion therapy poses a huge risk to LGBTQ+ individuals, including increasing symptoms of depression, substance abuse, risky behavior, social withdrawal, and suicidal behavior, and decreasing self esteem. Nearly all of the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and found this practice to be incredible harmful and dangerous. At this time, 18 states have laws banning conversion therapy, and as a future clinical psychologist, I urge the Virginia legislature to follow suit in banning conversion therapy.

Commenter: Lee Williams, University of Virginia 7/22/19 11:29 am

End Conversion "Therapy"

Dear Virginia Board of Psychology,

Hello, my name is Lee Williams and I am writing in support of the NOIRA regarding regulation 18VAC140-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

As a graduate student in Psychology, I am frankly aghast at the continuation of this practice. Considering the lack of any credible empirical support for conversion therapy, as well as the growing evidence of its deleterious consequences, it ought to be banned as soon as possible.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Lee Williams

Commenter: Alexis Stanton, UVA 7/22/19 3:09 pm

Ban Conversion Therapy

I am writing to urge the Virginia legislature to pass regulations banning conversion therapy in the state of Virginia. Numerous influential professional organizations oppose and have denounced conversion therapy, given that it is incredibly harmful to the LGBTQ+ community and is not credible, ethical, or evidence-based.

Commenter: Carol Schall 7/24/19 3:25 pm

Support for the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therap

Hello, my name is Carol Schall and I am writing in support of the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

As the mother of a young woman who struggles with anxiety, I know personally how debilitating dealing with mental health challenges can be. I also know that psychologists should offer therapy to their patients that will reduce their suffering and certainly improve their overall mental health. Finally, I expect all psychologists across Virginia to use research based practices that have evidence of providing help, not harm. These common sense requirements are not met when considering the practice of "so-called conversion therapy."

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

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

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Carol M. Schall, PhD.

Commenter: Jeff Caruso, Virginia Catholic Conference 7/24/19 6:29 pm

Oppose Amending 18VAC125-20, Regulations Governing the Practice of Psychology

Dear Virginia Board of Psychology,

On March 20, 2019, the Virginia Catholic Conference -- the public policy agency representing Virginia's Catholic bishops and their two dioceses -- submitted comments opposing a vague and broadly-worded Guidance Document (125-9) that seeks to prohibit, for minors, "*any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender.*"

As we noted in our comments, such a ban would infringe:

- the fundamental rights of parents to care for their children;
- Freedom of Speech and Free Exercise of Religion under the First Amendment; and
- Limits on regulatory authority that ensure consistency with the General Assembly's decisions.

None of these concerns were rectified or even addressed in the final version of Guidance Document 125-9. In fact, the Board did not make any changes to the proposed Guidance Document based on concerns raised by any member of the public; it merely adopted the original version without any amendments. Because the Board is now seeking to amend Virginia's regulations to conform them to the sweeping provisions of this Guidance Document, we reiterate these concerns.

When minors have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek counseling toward the resolutions they desire. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

The Conference, therefore, opposes adding the provisions of Guidance Document 125-9 to 18VAC125-20.

Sincerely,

Jeffrey F. Caruso

Executive Director, Virginia Catholic Conference

Commenter: Barbara H. Massey 7/26/19 12:20 pm

Parental rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Brian Coleman 7/26/19 12:29 pm

Oppose Amending 18VAC125-20, Regulations Governing the Practice of Psychology

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Commenter: Austin Farinholt 7/26/19 12:33 pm

Do Not Ban

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
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- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Patrick Mooney 7/26/19 12:44 pm

Oppose Amending 18VAC125-20, Regulations Governing the Practice of Psychology

Never should any governmental or professional organization attempt to remove the parent(s) from the first position when it comes to training teaching and raising their children!

Commenter: Melissa Swearingen 7/26/19 12:46 pm

No bans on discussing sexual ethics

Dear Sir/Madam: I understand you are moving forward with a proposal to ban, for minors, *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."* As a parent, this concerns me regarding advice I may give to my child and our religious liberty to teach our children according to the sexual ethics of the Catholic Church, which we whole-heartedly believe in and believe ultimately allows for the greatest human flourishing and happiness.

In addition, I think it is only fair to children, since most who experience gender dysphoria experience it only temporarily, to not prohibit counselors and therapists from working with a child in keeping with his/her values and religious beliefs. Allowing professionals to counsel a child in the direction that seems best for this child, even if that is not acting on sexual impulses or not altering their gender identity from biological identity - advice cannot reasonably be mandated to only advise in one direction, how can one answer be best for every child that comes in for therapy or counseling?

Finally, I deeply believe all persons who identify as LGBTQ are entitled to our respect and equal treatment under the law and in practice, my views here are not in any way meant to make someone feel belittled or unwanted. Rather, I disagree that banning professionals and parents from being able to discuss sexual behaviors and ethics in keeping with Christian ethics is inherently bad for children. In fact, I think the opposite provided it is done respectfully and in love. I hope you will reconsider pushing this ban through and that all of us can continue dialoguing on these issues respectfully.

Sincerely,

Melissa Swearingen

Commenter: Chris Russo 7/26/19 12:47 pm

This ban is misguided and unconstitutional

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Robert Brever, Jr 7/26/19 12:53 pm

Unprofessional Conduct/Conversion Therapy

I am absolutely opposed to any attempt to limit or ban parental involvement with respect to their minor's sexual identity or conversion therapy.

Parents are closest to their child's challenges. They are in the best position to make healthcare decisions involving the wellbeing of their child.

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

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

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professional with years of experience should not be removed from the process of helping children working through these sensitive and deeply personal issues.

I ask they you not impose a policy that is contrary to the specific wishes of the Virginia legislature in these areas. Support the involvement of parents over their children.

Commenter: Dennis Huyck 7/26/19 12:55 pm

Regulatory Action is Unconstitutional

Parents are the best judges of the sex education and morals for their children, not some regulatory board. Only the Legislature of Virginia can legislate the laws that must be followed in schools. Stop exceeding your authority.

Commenter: Beth Martini 7/26/19 1:20 pm

Parental rights

Let parents do their job and stop infringing on a family's rights.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Maxine Erskine 7/26/19 1:22 pm

Unprofessional Conduct/Conversion Therapy

The best judges of sex education is parents. Stop interfering between a parent and child.

Commenter: Carolyn Sandberg 7/26/19 1:23 pm

Regulatory Action

Parents are the best judges of the sex education and morals for their children, not some regulatory board. Only the Legislature of Virginia can legislate the laws that must be followed in schools. Stop exceeding your authority.

Commenter: Kieran Carter 7/26/19 1:45 pm

Parental rights to obtain sexual counseling for their minor children

Parents know their children best and can lovingly provide the guidance that their children need, whether it is via professional counseling, religious advice or through the help of another trusted person. Virginia has no business limiting or curtailing the right of parents to BE parents and help form their children into mature an responsible adults. This includes the right to help a child struggling with sexual identity issues. Virginia should not interfere with this basic right via regulation or legislation.

Commenter: NL 7/26/19 1:45 pm

do not regulate counseling

Parents are responsible for raising and educating their children, and instilling moral values according to their religious faith. Outside groups, and unelected government officials, should not seek to force their beliefs on others. Please oppose the regulation of what psycologists can say.

Commenter: Thomas F. Griffin, Lt. Col, USAF (Ret) 7/26/19 1:48 pm

Oppose Proposed Amendment of 18VAC125-20

I agree with the comments made by the Virginia Catholic Conference opposing the proposed amendment of 18VAC125-20 regulations governing the practice of psychology.

Commenter: John Mosticone 7/26/19 1:48 pm

protect parental rights

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

- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Irene Maria DiSanto 7/26/19 2:03 pm

Do not ban requested therapy

-
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options families to make informed decisions.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
-

Commenter: Gerald Kuhn 7/26/19 2:48 pm

parental right

Oppose proposed amendment of 18 VAC 125-20

Commenter: Diana Kregiel 7/26/19 2:55 pm

Ban Conversion Therapy

I support the effort to ban conversion therapy. This type of therapy is harmful to the child, and parents who request it are misguided. Thank you for trying to keep children from being subjected to this terrible practice.

Commenter: Rudolph Gasser 7/26/19 2:56 pm

No BAN

No BAN. Parental rights!

Commenter: Thomas J Duncan 7/26/19 2:57 pm

Convesion Therapy

It appears that there is a great effort among educators and others to promote the Gay Pride agenda to young impressionable students. In many cases this may not be in the best interest of the student or the desires of his/her parents. To counteract this, conversion therapy if done properly, may the only and best course of action. This is an unnecessary regulation restricting the actions of parents acting in best interest of their children.

Commenter: Chris Scates 7/26/19 3:04 pm

Defend inherent parental rights

Parents are closest to their child's challenges: they are in the best position to make healthcare decisions involving the well-being of their child.

UNDER VIRGINIA LAW, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

If a young person has an attraction or a behavior THEY wish to change uninfluenced by others, then it is their right to seek therapy without unelected officials dictating options.

The proposed ban denies families their FUNDAMENTAL FREEDOM to seek counseling aligned with their faith. 1st Amendment of the Constituition GUARANTEES that RIGHT.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal (meaning without government interference) issues.

Commenter: Elizabeth Berger 7/26/19 3:31 pm

Parental rights

It is in the best interest of children for them to be cared for and guided by their parents. The family is the most critical part of a society. Government should not interfere with parents' guidance of their children. Children are particularly vulnerable in our over-sexed society and need the loving guidance of their parents to help them understand love and dignity of their sexuality.

Commenter: Michael N Getsi 7/26/19 3:33 pm

Regulatory Action re "Conversion Therapy"

I am opposed to Virginia's attempts to regulate away parental rights and to infringe on faith based beliefs since many children are troubled by desires they don't understand and actually want to consult with professionals who can help them work through and understand their feelings, possibly assisting them in overcoming these feelings. To strip parents of this right is unacceptable and unconscionable.

Commenter: Warren Corson 7/26/19 4:15 pm

Protect Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: John H Fittz 7/26/19 4:28 pm

Regulatory actions being considered NOT based on the will of We the People

We the people have the God-given right to determine what laws and regulations control our behavior as law-abiding citizens, including parental rights to teach the truth to our children and grandchildren. The regulatory action being considered violates these rights and is opposed to common sense for the following reasons:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

For these reasons, the subject regulatory actions are illegal and unconstitutional.

Please listen to the will of the people and desist from these actions.

Respectfully,

John H Fittz

Commenter: Jacqueline Manapsal 7/26/19 4:30 pm

Parental rights

It is the fundamental right of parents to care for their children and the proposal to ban would violate their freedom of speech and free exercise of religion. Parents have the fundamental right to make decisions for their children until they become adults in their own right.

7/26/19 4:59 pm

Commenter: Tom Dickson

Parental Rights

Parents should be included in any decision making involving medical, psychological, and sociological care of their children. Especially when faith-based decisions are involved the parents should have final authority.

Commenter: Jody Giegerich 7/26/19 5:42 pm

Protect Parents Fundamental Rights

Commenter: John Buczacki 7/26/19 6:40 pm

Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Rita Poranski 7/26/19 8:16 pm

Parental Rights.

Parental rights are mine - not those of an unelected group or individual.

Commenter: Cat Spinelli 7/26/19 8:21 pm

PARENTAL RIGHTS

Parents are closest to their children, we are in the best position to make healthcare decisions regarding the well-being of our children.

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

Licensed professionals with years of education and experience should not be removed from the process of helping children work through deeply sensitive and personal issues.

Commenter: Mimi A 7/26/19 8:35 pm

Stop the Ban.

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
Parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. This must not be changed; if it is tampered with, where/when will it stop. Being a preteen and teenager has always been a confusing time, but they are not adults yet; they need unhindered, loving guidance from their parents.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. The proposed ban would deny families the freedom to seek counseling aligned with their values and/or faith.

Stop the ban.

Commenter: Loren Wilee 7/26/19 9:06 pm

Parental rights are sacred.

The rights of parents to make decisions on behalf of their children must never be sabotaged a Planned Parenthood agenda or radical transgender politics. We must not allow Governor appointed state regulators to undermine or corrupt parental rights by forcing an immoral, radical and unscientific ideology on the sacred family unit.

Commenter: Martha Dreon 7/26/19 10:05 pm

Oppose Proposed Amendment of 18VAC125-20

I oppose adding the provisions of Guidance Document 125-9 to 18VAC125-20.

When minors have unwanted same-sex or mixed-sex attractions, they and their families should be free to seek counseling toward the resolutions they desire. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Sincerely,

Martha Dreon

Commenter: Louantha Kerr 7/26/19 10:49 pm

Parents know their children best

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

Commenter: Rebecca Ing 7/26/19 11:20 pm

stand up for parental rights

Parents are closes to their child's challenges, they are in the best position to make health care decisions involving the well being of their child

Commenter: Lou Volchansky 7/27/19 7:14 am

Parental Rights

Please do not infringe upon the rights and responsibilities of parents:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.

Commenter: lawrence zenker 7/27/19 7:20 am

Parents' rights for childrens' welfare and upbringing

Parents have the responsibility for their children's upbringing and welfare. The state should not interfere or usurp their rights and responsibilities.

Commenter: Mike 7/27/19 8:24 am

Parental Rights

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

Commenter: Elizabeth Browning 7/27/19 9:01 am

Individuals have the right to access ALL forms of counseling

The violations of fundamental rights encompassed by the proposed regulations are breathtaking in their number and scope. Eliminating access to any type of counseling in effect allows state employees to decide the future and health of every citizen. That level of control is not permitted by either the US Constitution or State law. Parents, not employees (in which are included representatives and career state employees such as regulators), have the authority and responsibility to make these decisions, especially regarding minors. Folks, it's way above your pay grade.

Commenter: Pamela Wilgus 7/27/19 9:30 am

Oppose Proposed Amendment of 18VAC125-20

I oppose adding the provisions of Guidance Document 125-9 to 18VAC125-20 and respectfully ask you to reject it too.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Robert W Breault 7/27/19 11:58 am

Protect the rights of parents and families to choose their own course with counseling their children

Parents should be the first ones to help their children make decisions. Therefore I urge you to continue to allow parents to follow their God given rights in regard to counseling their children.

Commenter: Mary 7/27/19 12:16 pm

Parents should have the right to choose.

Commenter: Virginia Catholic Conference 7/27/19 1:35 pm

Parents have the right to choose appropriate counseling for their children.

Commenter: Mary & Roger Ritter 7/27/19 1:42 pm

Parental Right to choose appropriate counseling for their children

Parents have the right to choose appropriate counseling for their children. No one wants to return to the "dark ages," but excessive restrictions on counseling could prevent parents from sending their children to talk with a parish priest or Catholic social worker.

Commenter: Sue Huber 7/27/19 2:04 pm

Protect parents' rights to make decisions regarding their children's upbringing, education and care

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should

be options for families to make informed decisions.

- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Charles Huber 7/27/19 2:08 pm

Protect parents' rights to make decisions regarding their children's upbringing, education and care

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Susana Lee 7/27/19 2:09 pm

Protect parental rights

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

Parental rights need to be protected.

Commenter: William R Deady 7/27/19 2:52 pm

Don't take away the paren's fundamental rights guarranteed by Virginia Law

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

Commenter: Carmencita B. Clay 7/27/19 4:14 pm

Protect Parental Rights to Make Decisions about their Children's Care, Upbringing, and Education

I oppose any proposal that would infringe on a parent's fundamental right to care for their children and make decisions about their upbringing for the following reasons:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: L. L. Schexnayder 7/27/19 4:31 pm

Respect Parental Rights

What happened to the "right to choose" - the right to choose to get help with unwanted attractions? This is a decision for parents to help their child make, not government bureaucrats. Parents are in the best position to make healthcare decisions for their child.

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children. Some young people may have attractions they desire to change or they may simply need guidance from a counselor to live a chaste life. These options should not be denied to families. The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Commenter: Donald R Mannebach 7/27/19 8:59 pm

Protect parental rights and stop censorship in counseling

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.

- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Jeffrey Rostand 7/27/19 9:30 pm

Parents have the right to choose appropriate counseling for their children.

Parents have the right to choose appropriate counseling for their children.

Commenter: John Miller 7/27/19 9:59 pm

Please don't overstep parent's rights

While this may sound like a sympathetic policy, it ventures into territory which usurps a parent's rights. This also prevents legitimate religious beliefs from being followed. Lastly there is no study which provides the long term effects of the proposed actions. This may cause irreversible changes in a child's development, for an issue which they may later in life desire to not adhere to any longer. I am certain that society will look back on this as an unfounded action, based on no evidence, having lifelong consequences, and locking people into a life that they may have been only passingly interested in living. This is too far for the state to try commanding.

Commenter: Pierre Deslauriers 7/27/19 10:53 pm

Respect parental rights

Commenter: Edward S. White 7/27/19 11:16 pm

Respect Parental Rights & Voter Sovereignty

I write to oppose the plan to adopt, via regulation, a prohibition on the ability of psychiatric, psychological and counseling professionals to provide certain types of treatments for children who seek treatment for gender disphoria. First of all, as you well know, the General Assembly, elected by the people of Virginia have twice rejected such regulations. This blatant end run around the elected legislature is anti-democratic and outrageous! Second, parents are closest to their child's challenges, and are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children, and there is no reason why parents ought to be deprived of the choice of how to treat the medical issues of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. Further, the proposed ban would deny families the freedom to seek counseling aligned with their faith. Finally, licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Amanda Morris 7/28/19 12:48 pm

Respect Parental Rights and Autonomy

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Maureen Barrett, citizen 7/28/19 12:53 pm

Respect what the Voters of Virginia Want & Respect parental rights.

I write to oppose the plan to adopt, via regulation, a prohibition on the ability of psychiatric, psychological and counseling professionals to provide certain types of treatments for children who seek treatment for gender disphoria. First of all, as you well know, the General Assembly, elected by the people of Virginia have twice rejected such regulations. This blatant end run around the elected legislature is anti-democratic and outrageous! Second, parents are closest to their child's challenges, and are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children, and there is no reason why parents ought to be deprived of the choice of how to treat the medical issues of their children. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions. Further, the proposed ban would deny families the freedom to seek counseling aligned with their faith. Finally, licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Alison Kelly 7/28/19 2:03 pm

Breeding Self-Hatred in Childlren

To Whom It May Concern:

I am deeply troubled by the current trend of transgenderism among children. As a normal part of development, children naturally experiment with behaviors of the opposite sex as they seek to differentiate between self and "other." Throughout puberty, their rapidly developing hormones can sometimes wreak havoc with their neural and social development. Even into their early twenties, the cerebral cortex is not fully developed until as late as age 25.

Kids have natural curiousity which they tend to act upon throughout their childhood; however,not until full adulthood do they have the ability to make serious, life-impacting judgements. This is why children are naturally designed to come into the world by means of two parents, one male, one female. Parents are needed to guide their children until they are psychologically capable of making decisions on their own. The greater community exists to assist the parents, as they, the parents, may request.

Great care should be shown to children experiencing any form of gender dysphoria, or "perceived" gender dysphoria. Love and patience are key. NO adults should use their power to encourage or coerce an xy child to mutilate his body with drugs and his mind with self-hatred in order to appear as xx, and vice-versa.

To oppose the parent of an allegedly gender-confused child--real or perceived-- is abusive of both the parent(s) and the child. Already there is a case in Oregon where an overzealous teacher bullied a second grader that he really wants to be a girl. All the while, the boy insisted this was not

the case. (He had bathroom issues based on a completely unrelated diagnosis.) Needless to say, once the parents found out, they were horrified, outraged, and immediately contacted an attorney.

People who truly care about children will respect boundaries and allow for children to fully develop into adults rather than encourage a final solution to what may well be a temporary problem.

Commenter: Alison Kelly 7/28/19 2:27 pm

Fomenting Self-Hatred Among Children

To Whom It May Concern:

I am deeply concerned by the current trend of transgenderism among children.

As a natural part of their development, children will often explore behaviors of the opposite sex even as they settle into that which biology has predetermined. Throughout puberty, their bodies are learning how to regulate changing hormones. Meanwhile their cerebral cortexes, are continuing to form, often well into their 20s; therefore they are not yet able to exercise the impeccable judgement needed before doing something so very drastic, irreversible and potentially life-threatening.

Add to that peer pressure, the unrealistic and narcissistic world of entertainment, social media, not to mention adult activists, some of whom are teachers taking advantage of their power differentials to inculcate their trustees with counter- factual information--and therein lies a potential for massive child abuse.

This is no time to encourage an xy child to make the irreversible decision to mutilate his developing psyche and body into appearing to be xx, and vice-versa. This ghastly social experiment destroys human dignity. It's one thing for kids to be intrigued by transgenderism and for adults to engage in it. It's another thing for adults to enable or even coerce it among vulnerable children, as in the case of the Oregon teacher who is being sued for foisting her transgenderist ideology on a second grade boy who simply needed bathroom accomodations due to a completely unrelated diagnosis and, in fact, repeatedly stated to the teacher he had no wish to be a girl.

This has to stop.

Commenter: E. C. Krattli 7/28/19 3:03 pm

Protect the freedom and rights of Virginia families

Under the legal legislative process, attempts to impose a ban on legitimate counseling practices in Virginia failed in 2016 and 2018. The legislative process involved debate and input by our duly elected state representatives who then voted for or against the misguided bills.

Unfortunately, unelected and biased state regulators are going forward with a sweeping proposal to ban the counseling, which would infringe upon the fundamental right of parents to care for their children and would violate their freedom of speech and free exercise of religion; arguably violations under Virginia law.

Because the General Assembly has not adopted the governor's extreme and misguided views, ban proponents and regulators appointed by the governor are seeking to impose prohibitions through regulation. These regulators are attempting to bypass the General Assembly altogether, which has the effect of diluting and ignoring the voice of Virginia's citizens and their elected representatives.

Please consider that....

- Parents are closest to their child's challenges; along with trained and experienced counselors, they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education, and care of their children; not the state, and certainly not by unelected regulators.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, all counseling options should be available for families to use based on their particular needs.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Thomas Grodek 7/28/19 5:22 pm

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

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Robert Lee 7/28/19 9:16 pm

Provide freedom of conscience for patients and providers

Patients should be able to freely discuss any topic that is troubling them with a counselor. This is especially the case for minors. If it is the will of the patient to seek counseling that helps them understand the roots of unwanted attractions or gender confusion, they should be able to do that with a skilled counselor. Do not put in place this wrong prohibition that will cause lasting harm to those seeking mental health counseling.

Commenter: Anonymous 7/29/19 6:37 am

Parental Rights

Matters regarding conscience should not be decided by a group of administrators attempting to bypass the elected body. Bring this back to the GA and allow the democratic process to proceed. You do not have the right to determine how parents and practitioners follow their consciences.

Commenter: Craig Mays 7/29/19 9:48 am

Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Vincent Drouillard 7/29/19 10:32 am

Please don't attack parental rights

Please consider that Parents are closest to their child's challenges and they are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding upbringing, education and care of their children. Also, licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues. Thank you. Vince Drouillard

Commenter: Peggy Palizzi 7/29/19 10:56 am

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

The proposed ban would deny parents their fundamental rights to seek counseling from trained professionals who can help their children through these issues

Commenter: Gordon Goetz 7/29/19 11:30 am

Protect parental rights and stop censorship in counseling

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well being of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. The proposed ban would deny families the freedom to seek counseling aligned with their faith. Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for

families to make informed decisions. Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Stephen Hertz 7/29/19 12:17 pm

Unjustified censorship

Banning this therapy has no objective basis and is arbitrary and capricious.

Commenter: Donna Gordon 7/29/19 12:25 pm

Efforts to restrict goals and types of therapy

Leave the therapeutic method and goal to the individual practitioner and the parents.

Commenter: Ronald D Ford 7/29/19 1:03 pm

legislature to silence counselors

I am asking that you reject the proposal to ban, for minors, *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."* This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion. The proposal should be rejected because:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Thank you, Ronald Ford

Commenter: Mark Menotti 7/29/19 1:43 pm

Do Not Infringe on Parental Rights

Good afternoon--I am asking that you reject the proposal to ban, for minors, *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."* This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion. The proposal should be rejected because:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This should never be allowed to become an Executive/administrative rout of a legislative domain. Let this be debated in the Virginia Assembly and Senate. These actions are devolving our Republic. Thank you. Mark Menotti (Concerned Citizen)

Commenter: Judith Parry 7/29/19 2:01 pm

Please respect the rights of parents

Commenter: Mary Mack 7/29/19 8:49 pm

Stop social experimenting on our children

Allowing teenagers to choose their gender and sexuality is a modern social experiment of which the long term effects are unknown. Parents should not be forced to participate in this social experiment by being denied the right to bring up their child according to the values and morals that have been in place since the beginning of human civilization.

Commenter: Clarence E Arnold Jr 7/30/19 12:20 am

Parental Rights

Commenter: Clarence E Arnold Jr 7/30/19 12:56 am

Parental Rights

I write to support parental rights to determine counseling or treatment for minors in their care concerning the child's "sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender." And, I oppose any attempts by unelected bureaucrats or regulators to bypass or infringe on the fundamental rights of parents to care for their children and make determinations or healthcare decisions regarding the upbringing, education, wellbeing or care of their children. Protect the freedom of Virginia families to determine or acquire the counseling they choose.

Commenter: William Heipp 7/30/19 4:28 am

Treatment for gender reassignment

State regulators are going forward with sweeping proposals to ban, for minor, any practice for treatment that weeks to change an individual's sexual orientation or gender identity, including

efforts to change behaviors or gender expressions or to reduce sexual or romantic attractions or feelings toward individuals or any gender.

Protect the freedom of Virginia families to acquire the counseling they choose. Imposing government into this issue will make it worse. Oppose this misguided and unconstitional proposal.

Parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Let's not abridge this right.

Commenter: Rachael Brown 7/30/19 11:55 am

Parental Rights

Parental Rights were given to me the day I concieved my child. This whole BAN for minors is mind blowing to me. State law requires my child to be 17 to drive, 18 to VOTE, 21 to drink, and now recently 21 to smoke. The last two are based on scientifice evidence of damaging the youth's brain. Knowing the dangers of driving, can't say that anyone argues that 17 is too restrictive. Supposedly, after my child turns 18 and graduates from High School, the belief is he can make an informed decision, then VOTE. I have 3 children who are not deemed adults (by the STATE or me) based on age alone. My husband and I feed them, nurse them when they are ill, sit up with them to elay their fears after 2am nightmares, and drive them to school, sports, church, sleepovers,etc. All three of my children have busy schedules to encourage friendships, cognitive skills, gross motor skills, team building skills, including activities and discussions about Moral rights and wrongs (violence is wrong, PERIOD. Help the poor. etc), and a good work ethic. My childrens' diet is CLOSELY regulated. My husband and I both wake up in the middle of the night to check on our sleeping children, or to discuss how to better help any of them with small/large problems. There isn't anything my husband and I wouldn't do for our children. Becoming parents has become our most important job. We CHOSE to be parents. We seek out fun FAMILY ACTIVITIES. We painstakingly selected where we wanted our children to be raised, educated, which church to attend, which sports would garner the best team building skills, etc. It took 5 years of constant searching to find our current location in Northern VA. We wanted our children to have close ties with their grandparents, who grew up in the aftermath of the Great Depression, so as to allow the grandparents to teach them perspective, work ethic, proper manners such as respecting elders, and core family values. Grandparents can articulate these different struggles to our kids and also give much needed parental advice to both my husband and I. In turn, we teach our children compassion by visiting their grandparents in assisted living, driving them to doctors appointments, shopping with their grandparents for much needed supplies at Walmart, picking them up for birthdays and holidays and for extended visits, etc. Our children interact with other assisted living residents, and we have to explain to our children the complex situations that these other elderly citizens have: no loved ones to visit them, dementia, strokes cause drooling and paralysis, etc. I bring sweet treats on some visits for my children or me to hand out to these lonely residents. We chose northern VA to give our children access to their grandparents; to teach our kids the complexities of the dignity of human life with love, compassion, patience, respect, acts of kindness, etc. And we are not the exception. All of us with children go through these same struggles.

HOWEVER, there are things that I know I cannot teach my kids: like algebra, fractions, how to write a research paper, how to play any sport, etc. My expectations are very HIGH for my children. I want them to grow up to be good Christian citizens, have manners, be courteous, feel loved, be able to love others, have confidence in whatever profession they choose (my daughter wants to be a "mommy" and we tell her that is fantastic), to name a few. I need everybody to remember the reality is WE ARE HUMAN. No one is immune to this reality. I will make mistakes, my children will make mistakes. We try to show our children that mistakes are learning experience and discuss the rational/logic behind the mistake or the decision that led to the mistake.

MY POINT IS THIS: I cannot believe my eyes when I read some unelected officials, whom do not know me or my family, or all the families in the school system, feel compelled to inject theirselves into my childrens' upbringing. Just as I choose my childrens' activities, whereabouts, and well being etc with great care, who are these people that do not contribute to the well being of my family.

Recently the American Academy of Pediatrics released a study that followed and monitored people before, during and after sex changes. Suicide rates are the absolute highest in these youths. Hmmm. Doesn't sound like "helping" these children is really helping them after all. Most

importantly, lookup The Trevor Project. The suicide rates in those experiencing same sex attraction is highest at the ages between 10-24.

The current trend to condone this mentallity is already wreaking catastrophic havoc on these youths. As can be seen by numerous studies on suicide rates in these specific individuals mentioned previously. No one in their right mind would teach a child how to shoot a gun, put the safety on, leave it on the table, then go out shopping. How is BAN any different? Sounds like a prescription for death, a liscense to kill. Look at the studies.

Whether or not my child decides he/she is gay, is an ADULT decision. To be made when he/she is an adult. When is a child an adult? State law says 18, or 21 when it comes to potential dangerous substances. Studies show that suicide is mind blowing high for youth experiencing same sex attraction and much worse for transgender individuals.

Do not feed children this substance (BAN). When they are adults, they can make adult decisions.

Do not interfere with my family values. You are not partaking in any of the pains/joys of raising my children. I decide for my children. I don't ask them if they want to go to the doctor, take their medications, go to bed, or eat their vegetables. If I left it up to my children, they would eat waffles at every meal, not brush their hair or teeth, watch unlimited TV/play video games and my youngest would be a cat.

This is truly a STELLAR example of how logical thought processes seem to be devoid in people pushing such a bitter lie.

Rachael B

Commenter: Pam Watkins 7/30/19 12:59 pm

Parents Should have the Right to Raise their Children

Parents should not have their right diminished by lawmakers or any other outside interest groups. A parent's right to practice their faith and include their faith in the treatment of their children is something no other groups should have the right to interfere with, unless physical harm comes to the children.

Commenter: Richard Dunbar 7/30/19 4:11 pm

Virginia families should have freedom to acquire the counseling they choose

Unelected state regulators are going forward with their sweeping proposal to ban, for minors, "any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to reduce sexual or romantic attractions or feelings toward individuals of any gender.

Because the General Assembly has not adopted their view, ban proponents are seeking to impose a prohibition through regulation. In fact, state regulators are attempting to bypass the General Assembly altogether, which has the effect of diluting our voice in Richmond. These governor-appointed officials need to hear my opposition to this ban because:

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

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

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

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Ann Smith 7/30/19 8:46 pm

Oppose amending 18 VAC 125-20

Parents have the right to choose what appropriate counseling is necessary for their children.

Commenter: Christopher Martini 7/30/19 9:52 pm

Oppose changing the amendment.

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child. Oppose the amendment to this bill.

Thank you!

Commenter: Nancy S Pendergrass, MPH, RDN 7/31/19 9:40 am

Do not infringe on parental rights

Do not infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion by imposing a prohibition through regulation. Parents are in the best position to make healthcare decisions involving the wellbeing of their child. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. The proposed ban would deny families the freedom to seek counseling aligned with their faith. You must protect the freedom of Virginia families to acquire the counseling they choose.

Commenter: Melanie Kiser 7/31/19 11:18 am

Protect Virginia youth from conversion therapy and its grave consequences

Re: Support for the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy

Dear Virginia Board of Psychology,

Hello, my name is Melanie Kiser, and I am writing in support of the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

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

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Melanie Kiser

Commenter: Sheila Jenkins 7/31/19 2:48 pm

Respect for Parental Rights

Please do not try to ban children and families from getting help with problems that the child may have with sexual attraction or identity. There are many counselors and therapists who offer caring, supportive help. Parents have to be trusted to know what is best for their children and to find genuine, responsible guidance for these very delicate and difficult situations. It is not the place of government to decide what to teach our children.

Thank you,

Sheila Jenkins

7/31/19 6:00 pm

Commenter: Mary Fisher

Banning Conversion Therapy

Conversion therapy is a dangerous and discredited practice aimed at changing a person's sexual orientation or gender identity and are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ)is a mental illness that needs to be cured - a view with no scientific basis. Conversion therapy uses rejection, shame and psychological abuse to force young people to try and change who they are. They are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse and suicide. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Deborah Hawkins, LMFT 7/31/19 6:44 pm

Please continue to implement regulations against conversion therapy for minors

Conversion therapy is 1. unethical as it doesn't meet an acceptable standard of care; 2. no psychologist could have received accredited training for it. 3. it is immensely harmful quackery. Professional regulations cannot free people from stigma imposed by religious bigots and homophobic parents. However, you can combat such stigma by banning psychologists from imposing CT on minors.

Commenter: Monica S. 7/31/19 8:44 pm

Protect Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Kristen gartland 7/31/19 10:32 pm

Conversion therapy is not a licensed medical procedure

So called conversion therapy has been discredited by medical organizations world-wide. Practice of this "therapy" is proven to increase depression, anxiety and suicidal thoughts.

This practice should be banned in Virginia. No child or teen should ever be forced through this torture again.

7/31/19 11:33 pm

Commenter: Emily Klinedinst, Alliance for a Progressive Virginia

So-called conversion therapy

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices

Commenter: Kristen Calleja 8/1/19 12:55 am

"Conversion therapy" has been discredited and is harmful. It should be banned.

Commenter: Thomas Palumbo 8/1/19 6:56 am

Protect freedom of families to acquire counseling

I strongly oppose this sweeping proposal to ban sexual-orientation or gender-identity counseling.

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.

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

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

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Stephanie L Malady 8/1/19 8:09 am

Ban the erroneously named abuse known as Conversion Therapy

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Sasha morris 8/1/19 9:26 am

Ban conversion therapy

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Katherine Drummond 8/1/19 9:27 am

Ban conversion therapy!

- This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.
- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
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- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Lannie Underwood 8/1/19 9:57 am

Please Ban Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Pam Webb 8/1/19 10:11 am

Conversion Therapy needs to be banned

I work in mental health with kids and I can tell you first hand that conversion therapy is beyond harmful for children psychologically. It uses shame, rejection, and emotional and psychological abuse to force young people into changing who they are. This practice has been discredited and proven time and time again that it is dangerous. It is based on the false claim that identifying as gay, lesbian, trans, queer, etc. is a mental illness needing to be cured, which is simply not true - "Homosexuality" was removed from the DSM in 1973. It is abhorrent to condone these practices and it is our duty to put an end to it.

Commenter: Anna Hebner 8/1/19 10:17 am

ban conversion therapy

Conversion therapy should be banned to protect vulnerable young people from therapists who would lie to them, telling them that their sexual orientation is a mental illness. I knew a man through church who had been subjected to conversion therapy in his teens. Years later, he was still gay, and also chronically depressed. In fact, conversion therapy is linked to depression, low self-esteem, and even suicide. No therapist should be allowed to abuse patients with this a cruel and dangerous practice.

Commenter: Kaycie wiggins 8/1/19 10:21 am

Stop conversion therapy

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Susannah Bishop 8/1/19 10:55 am

End Conversion Therapy in Virginia

I have been a Virginia public school teacher for 20 years and have made what's best for the children of Virginia my life's work. This guidance will protect youth from so-called "conversion therapy," a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Respectfully,

Susannah Bishop

Commenter: Amber N Yancey 8/1/19 11:14 am

Ban Conversion Therapy

As a family member and friend of a few LGBT+ community members, I feel that conversion therapy should be banned. It is ineffective. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. With suicide rates climbing higher among young people to begin with, we should not continue going in this direction. Young people should not be shamed into changing the person that they are to fit within the mold of society or their families.

Commenter: Mickey drummond 8/1/19 11:21 am

Please ban conversion therapy!

It's an out dated and abhorrent practice!! Please stop hurting children

Commenter: Debbie Rowe 8/1/19 11:40 am

Ban Conversion Therapy

According to APA:
The American Psychiatric Association "opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change his/her sexual homosexual orientation."
Conversion Therapy has been condemned word-wide by the medical community. Please ban this practice.

Commenter: Kathleen Green 8/1/19 11:45 am

Ban conversion therapy

I write as a retired registered nurse and citizen of the Commonwealth. There is nothing therapeutic about so-called "conversion therapy". It is discredited and dangerous. Ban it here in Virginia and protect our vulnerable citizens.

Commenter: Margaret Johnston 8/1/19 11:56 am

Conversion Therapy

I am constantly amazed that dangerous practices such as this Therapy is even a question with today's evidence.Every medical and psychiatric association agrees with the suicide rate in young people who are already dealing with a tough adolescent are demonized and made to feel even more ostracized the outcome can be devastating and long term.Who someone is attracted to and loves is just a small part of a human being but can affect esteem and psyche.over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: David Mark Sammons 8/1/19 12:59 pm

Respect for Parental Rights

Please do not try to ban children and families from getting help with problems that the child may have with sexual attraction or identity. There are many counselors and therapists who offer caring, supportive help. Parents have to be trusted to know what is best for their children and to find

genuine, responsible guidance for these very delicate and difficult situations. It is not the place of government to decide what to teach our children.

Thank you,

David Sammons

Commenter: Anne Rappe-Epperson 8/1/19 2:00 pm

anti-conversion therapy

I am writing to voice my objection to conversion therapy

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

Commenter: Lia Tremblay 8/1/19 2:23 pm

Protect kids from conversion "therapy"

The practice known as conversion therapy is not therapy at all. There is nothing therapeutic about trying to reprogram the sexuality someone was born with and is just growing into. It's cruel, it's dangerous and it DOES NOT WORK.

Mental health professionals need to focus on offering help that allows the patient to live his or her best and most authentic life. "Therapy" that instead shames, punishes and attempts to erase natural thoughts and desires is NOT something Virginia should allow.

Please, protect our kids from these dangerous and repeatedly discredited practices!

Commenter: Dawn Byers 8/1/19 2:32 pm

End "Conversion Therapy"

"Conversion Therapy" has nothing to do with actual, healing and productive therapy, and has been discredited repeatedly. It is also already banned in many states. Virginia should follow suit in this.

Commenter: Christine Birden 8/1/19 4:26 pm

You got it all wrong. Stop the Conversion Therapy "Band Wagon" Lies now!

The evidence indicates more harm from Conversion Therapy.

There are Numerous professional and scientific statements from organizations such as the AAP, American College of Physicians, ACA, AMA, APA, American School Counselor Association and more that have written about the impropriety of so called conversion therapy.

Commenter: Shelton Dominici 8/1/19 4:58 pm

Ban Conversion Therapy

I STRONGLY urge you to ban conversation therapy!!

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Diane Dusseau 8/1/19 6:29 pm

Stop conversion "therapy"

The DSM no longer lists homosexuality as a mental disorder. Please do not allow young people to be victims of so-called therapy to try to change sexual orientation. Stop permitting conversion therapy.

Commenter: Sarah Bratt 8/1/19 8:02 pm

Ban conversion therapy

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Bo Kim 8/1/19 8:38 pm

Support for the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy

Dear Virginia Board of Psychology,

Hello, my name is Bo and I am writing in support of **the NOIRA regarding regulation 18VAC125-20,** on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

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

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

Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices.

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Bo

Commenter: Amanda Darvill 8/1/19 10:19 pm

Support for the NOIRA regarding regulation on the Practice of Conversion Therapy

Hello, my name is Amanda Darvill and I am writing in support of the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

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

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to

eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another.

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

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Amanda Darvill

8/1/19 10:44 pm

Commenter: Andrea Pitman

Ban Conversion Therapy

Conversion therapy is torture. There's no purpose to it, no benefit, no scientific backing. It's outdated, the product of a less accepting, less knowledgeable society and to act like it has any place in medical treatment is to cling to hate. Kids are not property, to be done with however a parent sees fit. A child's thoughts and feelings regarding their individual identity should be respected, and there is nothing respectful about conversion therapy.

Commenter: Dana Perkins 8/1/19 10:51 pm

End Conversion Therapy in Virginia

Conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These practices have been discredited b/c they are premised on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. By doing this they are taking advantage of parents who are unsure & maybe in shock about how to deal with what's going on with their child/family & what they should do, while at the same time harming vulnerable youth.
These harmful practices use rejection, shame, and psychological abuse to force young people to try to change who they are.
These practices are known to be extremely dangerous and can lead the child to believe there is something wrong with being, to feel guilt, shame, depression, have low self-esteem, can lead to substance abuse, and even suicide attempts.
We can't allow one more young person to be targeted and damaged by these dangerous and discredited practices.

Commenter: Michael Rack 8/1/19 11:07 pm

Against Conversion Therapy

I support a ban on conversion therapy for minors. My argument is simple: studies show conversion therapy and/or similar practices increase suicide rates in homosexuals. Participating in behavior that meaningfully increases the death rate of a minor is a form of child abuse. Child abuse should not be legal. Therefore putting a child in conversion therapy should not be legal. I think any parent that subjects a child to conversion therapy is, as far as we can tell from our current studies, putting that child at risk of death.

Commenter: Dana Perkins, Citizen & Parent 8/1/19 11:11 pm

End Conversion Therapy in VA

So-called "conversion therapy" is a dangerous and discredited practice aimed at changing sexual orientation or gender identity. These discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. These practices have been discredited b/c they are premised on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Proposed regulations protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. By doing this they are taking advantage of parents who are unsure & maybe in shock about how to deal with what's going on with their child/family & what they should do, while at the same time harming vulnerable youth.
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something wrong with being, to feel guilt, shame, depression, have low self-esteem, can lead to substance abuse, and even suicide attempts.
We can't allow one more young person to be targeted and damaged by these dangerous and discredited practices.

Commenter: Dr. Kimberle Jacobs 8/1/19 11:16 pm

Ban conversion therapy

There is no scientific evidence that "therapy" can turn kids from gay to straight. Parents are not allowed to abuse children and CT would be abuse. Please continue with a regulation to ban CT.

Commenter: Gail Christie 8/2/19 6:57 am

It is past time we outlaw the dangerous practice of so-called Conversion "Therapy" here in Virginia.

Conversion Therapy is a dangerous and discredited practice with no scientific basis. Sexual orientation is not a mental illness that needs to (or can be) "cured."

Commenter: Dr Erica Ehrhardt 8/2/19 7:55 am

please ban conversion therapy for minors in Virginia

I'm writing to voice my support for a ban on "conversion therapy" or attempting to change the sexual orientation or gender identity of a minor. "Conversion therapy" uses shame and psychological abuse to try to force vulnerable young people to change who they are, with potentially devastating consequences. "Conversion therapy" can lower self-esteem, cause depression and increase the risk of substance abuse or suicide. Mental health professionals have an obligation to provide ethical care for young people regardless of sexual orientation or gender identity, and "conversion therapy" is extremely unethical.

Commenter: John Richmond 8/2/19 8:46 am

Ban Conversion Therapy

Homosexuality was long ago removed as a DSM-diagnosed mental illness. Attempting to change a person's sexual orientation is analogous to changing an introvert to an extrovert, or vice versa.

I work in a psychiatric hospital for children. Many of my students identify as LGBT or have core questions about their gender. A significant factor in adverse mental health situations is sexual identity and the reactions of other people in their lives to that.

It is fortunately rare for my students to havr experienced conversion therapy. But prevention truly is the best medicine. The fewer traumatic situations we subject our children to, the fewer acute mental health situations we will see.

State regulations and professional standards should be aligned as closely as possible. Happily a conversion therapy ban does this while also giving LGBT individuals greater freedom to be who they are.

Commenter: Jeffrey Beatman 8/2/19 9:03 am

No Conversion Therapy!!

My wife and I are totally against conversion therapy. This is dangerous and increases the likelihood that LGBTQ youth will become depressed and commit suicide. Don't allow this!!!!

Commenter: Katie Moore 8/2/19 9:26 am

Do Not Support Conversion Therapy

I am concerned about efforts to continue conversion therapy practices in Virginia. Rejection, shame, and psychological abuse is unacceptable. We cannot allow any effort to legitimize these harmful methods to force young people to try and change who they are.

Commenter: Lauren Robinson 8/2/19 11:34 am

Conversion therapy does harm

As a licensed School Counselor in Virginia, I cannot stress enough how much a ban on conversion "therapy" is needed. This practice (I can't call it therapy) harms our youth. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. Conversion "therapy" is not proven to be effective and is not a peer reviewed research-based method.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These are not therapeutic methods and are not acceptable in a professional. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Please stand by your ethical obligation to protect and accept our youth and ban conversion "therapy."

Commenter: Carol Lewis 8/2/19 11:46 am

Protect LGBTQ youth

I spent my career working at the American Psychiatric Association and was there when they voted to remove homosexuality from the DSM. I have a gay son. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. It is not a mental illness. It is who they are. Please protect them. Thank you.

Commenter: Terri Hierholzer 8/2/19 11:56 am

Banning Conversion Therapy

Trying to change someone's mind about who they are will confuse them. It will tear down their confidence which will lead to depression. I have battled depression and it is no joke. Why put a child through that? Let people choose for themselves who they want to be!

Commenter: Kristin Szakos 8/2/19 12:12 pm

Conversion Therapy

Re: Guidance on conversion therapy document 125-9:

Conversion "therapy" is based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. The proposed guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

Commenter: George Marshall, First Congregational Christian UCC 8/2/19 12:27 pm

Conversion Therapy

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

Commenter: Christine Robinson 8/2/19 12:56 pm

Protect minors from clinical abuse. No sexual orientation or gender identity is a mental illness

It is unethical and abusive for any professional in a clinical setting to shame minors about their sexual orientation or gender identity (or to reinforce shame a minor may already have internalized), whether it is based on religion or anything else.

Commenter: Camille Dunn 8/2/19 1:08 pm

Conversion Therapy

To put the words "Conversion" and "Therapy" together is ignorant. Please do not subject anyone to this harmful and demeaning process.

Use your voice to encourage and support those in difficult situations.

Commenter: First Congregational Christian United Church of Christ 8/2/19 1:28 pm

Ban conversion therapy, please

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Each of us is an unique individual, made in the image of our creator and our sexual orientation is not a matter of choice. Please protect all human beings from conversion therapy--it is dangerous, demeaning, and doesn't work.

Thank you.

Commenter: Elizabeth Marshall 8/2/19 1:46 pm

End Conversion Therapy

- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: Patti Hardy 8/2/19 2:35 pm

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

Unelected state officials have no right to bypass the General Assembly with a sweeping proposal that would deny parents of their fundamental right to care for their children. Parents are the closest to their children's challenges; they are in the best position to make healthcare decisions involving the well being of their child. This proposal attempts to deny families the right to choose licensed and experienced professional help that is open to and respectful of their faith and reason.

Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life...or help in working through these sensitive and deeply personal issues. In any instance, there should be options for families to make informed decisions and choices.

Thousands of children are now being shuffled through "gender reassignment" each day, injected with hormones and puberty blockers, pushed into plastic surgery after plastic surgery, and encouraged to cut all ties with family and friends who do not fully support their "transition". **There is a tremendous amount of suffering out there over this issue. Lives and families are being destroyed.**

There is no doubt that some people are suffering with gender dysphoria; however, society's new found response (injections, surgeries, and compelled speech laws) come at a dangerous price to both individual and society.

Commenter: Elizabeth 8/2/19 6:43 pm

Ugh

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Meg Gruber 8/2/19 9:46 pm

Stop conversion "therapy"

I am vehemently opposed to so called conversion therapy. It is a dangerous and discredited practice aimed at changing their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.

These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Stop this emotional abuse. Stop conversion therapy!

Commenter: Kate Hall 8/2/19 11:32 pm

Please ban conversion therapy

Commenter: Amy Cannon 8/3/19 7:50 am

Conversion (Therapy) Torture

Banning so-called "conversion therapy" in Virginia is necessary to protect children from this harmful practice. "Conversion therapy," is a dangerous and discredited practice aimed at changing the sexual orientation or gender identity of a person, often against their will. This is based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
We must protect young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness. They are taking advantage of parents ,and harming vulnerable youth. These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. "Conversion therapy" tactics are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Mike Beaty 8/3/19 8:23 am

Against conversion therapy

Totally against conversion therapy. People don't ask or chose to be different. To go against the norm, religion or public acceptance is very difficult. Maybe you can avoid behavior but you won't change the inside.

Please stop the lie, you cannot change the mental condition of a person.

Commenter: Marjorie Vanmeter 8/3/19 3:22 pm

Transgressive Public Policy

It is a serious and arrogant breach for public officials to introduce policy that infringes upon parental rights, religious beliefs and natural law. Such policies violate individual privacy and societal norms.

Commenter: Marianne Coates 8/3/19 4:28 pm

Opposition to Amending 18VAC125-20 pertaining to the practice of psychology

This amendment demeans the unity and responsibility of FAMILY. It seeks to eliminate constitutional freedoms of Virginia citizens. It denigrates the experience and practice of psychologists and health care providers. Do Not approve this amendment.

More specifically ---

- Parents are closest to their children's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their children.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may experience confusion regarding attractions that they want to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, families should have the options to make informed decisions for their children and themselves.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through sensitive and deeply personal issues.

Commenter: Myra Nagel 8/3/19 6:00 pm

I favor a ban on conversion therapy

I am speaking out in favor of a ban on conversion therapy in Virginia.

We are grandparents of a transgendered young man who tells us that for the first time in his life he feels really OK. He is healthy and happy and self-confident. We are so thankful for competent therapists who have helped him walk this difficult journey in a health-giving way.

"Conversion therapy" is known to be very harmful to LGBTQ young people who need to helped to value themselves as they are. This so-called "therapy" has long been discredited by competent health workers. It is dangerous to their mental health, and it can lead to depression, substance abuse and even suicide.

I strongly support a ban on "conversion therapy" in Virginia.

Commenter: Joanna Melton 8/3/19 8:09 pm

Respect Parental Rights

Please Do Not ban children and their families from the help they may be seeking through counselors and therapists. Banning conversion therapy would deny parents their right to guide their children with others' help and it would deny children who want to resist same-sex attraction or work through gender dysphoria their right to seek help in that direction. The ban would also put counselors and therapists at risk of losing their licenses, by assisting those seeking help against same-sex attraction, gender dysphoria, etc.

Commenter: NANCY MORIN 8/4/19 9:55 am

BAN CONVERSION THERAPY IN VA NOW!

No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

Commenter: James 8/4/19 10:45 am

Ban conversion therapy for minors

Forcing minors into conversion therapy not only does not work, it leads to harmful effects such as depression, decreased self-esteem, substance abuse, and even suicide attempts.

Commenter: Lana Parsons 8/4/19 11:04 am

Ban Conversion Therapy in Virginia

I truly hope that the state I have called my home for 24 years will ban the dangerous and discredited practice of conversion "therapy." No one should be told that their sexuality, who they are, is wrong. There is no scientific evidence that supports the effectiveness of conversion "therapy", on the contrary these practices are known to lead to depression, substance abuse, and even suicide attempts. All health services provided in the state of Virginia should be evidence-based practices. That is the only way to protect people. It would be shameful for this state to allow one more person to be harmed by these dangerous and psychologically abusive practices.

Commenter: Beth Bunts 8/4/19 11:20 am

BAN CONVERSION "THERAPY" NOW!

Conversion "Therapy" is not therapy at all - it is attempted brainwashing. Could "therapy" convince you that you're something other than who you are long term? I think not! There are NO reasons why this type of "therapy" should exist! BAN IT NOW before more people are temporarily brainwashed. Brainwashing doesn't work - never has and never will. This practice may temporarily convince a person to behave differently, but it does not and can not change them and eventually it will "wear off" and leave the person subjected to this torture worse off than before - IF they survive at all.

8/4/19 11:50 am

Commenter: D. Jarvis

Proposed ban violates freedom of choice

The proposed ban is a highly concerning infringement of a minor's right to have a voice in what help in their own best interest. The regulation will have an unintended chilling effect on honest discussion and evaluation of gender and attraction in the counselor-patient relationship. It is unfair and highly inaccurate to lump all counseling professionals together with a few bad actors behind conversion therapy abuses. We can do better -- this sweeping ban is not in the interest of our minors.

Commenter: Jeanmarie Nagle 8/4/19 12:16 pm

Conversion Therapy

I am against the state of Virginia condoning conversion therapy. It should be illegal in our state and all others, it is torture. It is not science nor medically based. It does not work.

Commenter: Annie Hamel 8/4/19 1:01 pm

Ban conversion therapy now

Conversion therapy are one of the worst thing that can done to a human being.

It tells that person that the way they feel about love is wrong. It destroys their identity as it's being formed. It pushes that person towards self hate and depression.

It is time that this barbaric process be banned for good. We're in 2019, not 1819.

Commenter: Anne Glenn, Humanity 8/4/19 1:40 pm

Ban conversion attempts

I don't understand how any professional could promote such despicable and harmful "therapy". Do no harm! This is harmful and should be stopped now

Commenter: K. Conklin 8/4/19 2:01 pm

Conversion Therapy is unethical

Conversion Therapy is harmful, hateful, degrading and unethical. It should be banned.

Commenter: Amber L Caldwell 8/4/19 5:38 pm

No to Conversion Therapy in Virginia

My name is Amber Caldwell and I am a voter in Chester, Virginia. I want to see Virginia ban the practice of conversion therapy. This 'therapy' has no scientific basis and is known to be extremely dangerous. It can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. We must protect our young people from state-licensed therapists who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices. Certainly, no once should be able to use the name and authority of the Commonwealth of Virginia to do so.

Commenter: Melissa Meadows, Virginia League for Planned Parenthood 8/5/19 8:28 am

Conversion Therapy Must Be Banned

Conversion therapy aims to use psychological techniques to alter a person's sexual orientation and/or gender identity. These techniques lack evidence of effectiveness and have been shown to be harmful. Individuals who identify as LGBTQ+ are already vulnerable to depression and suicide due to discrimination, and using conversion therapy in an attempt to force these deep aspects of a person's identity to change can result in making them feel more ashamed, depressed, and alone.

Dozens of medical and public health organizations (American Medical Association, American Academy of Pediatrics, American Psychiatric Association, National Association of Social Workers, American School Counselor Association, etc.) have all publicly stated that conversion therapy is harmful. Many states, most recently North Carolina, have already banned this practice in an effort to protect their citizens. Allowing conversion therapy to continue harms individuals and entire communities throughout Virginia and it must be banned.

Commenter: Sara Woodington 8/5/19 8:52 am

No Conversion Torture!

First of all, stop using "therapy" as any part of this. Therapy in and of itself is helpful, self-searching, guided exploration into what makes a person who they are. **Conversion Torture** is the appropriate title for this disgusting practice being discussed. Anyone of any age who identifies as LGBTQIA+ - but especially our kids and teens - need loving protection. Not accusations, not torturous devices, not abandonment. Please do NOT put this horrific practice of Conversion Torture into Virginia law.

Commenter: Susan Layman, constituent in zip code 23235 8/5/19 9:05 am

Conversion Therapy

Conversion therapy has been disproven by the medical community and is dangerous. It's been shown to lead to depression and suicide. We cannot allow children to by psychologically tortured for who they are. Please ban this unethical, cruel practice.

Commenter: Andrew Jones 8/5/19 9:38 am

Opposition to Regulatory ban

This ban is an attempt to force morality on professionals, children and parents alike and violates the first amendment, at the least. Just like this great nation and state offer to children various opportunities to be developed socially and scientifically through the education system, an array of psychiatric options for development should also be available and this does the opposite. Please strongly consider the below:

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Charlotte McConnell 8/5/19 9:59 am

Ban Conversion Therapy

Conversion therapy is a dangerous and discredited practice based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Conversion therapy is harmful to people and results in an increased risk of suicide in an already vulnerable population. Virginia should join the other 18 states, DC, & Puerto Rico in banning conversion therapy for minors https://www.lgbtmap.org/equality-maps/conversion_therapy

Commenter: Jennifer Wiggins 8/5/19 10:20 am

Ban Conversion Therapy

An individual's freedom does not extend to torturing minors in their care. Evidence-based medicine indicates that conversion therapy is linked to increased risk of depression and suicide and has no benefit on a child's well-being. Protect children from this fraudulent and harmful practice. Ban conversion therapy.

Commenter: Olivia hall 8/5/19 10:30 am

Conversion therapy

Please end the practice of conversion therapy.

- These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis.
- This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.
- These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.
- These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
- No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.
- We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Michael Airhart 8/5/19 10:47 am

Conversion therapy is professional abuse of a patient

As a friend of several survivors of conversion therapy, I know that this therapy

- consistently makes depression, shame, and self-doubt worse, by falsely contending that same-sex orientation is a mental illness
- consistently reinforces social isolation from those who can offer legitimate help
- consistently offers "cures" in which patients are told to falsely accuse mothers of being too possessive and falsely accuse fathers of being too distant. Parents are told by these fraudulent therapists to blame each other and to reject their LGBT children

These lies about the origin of sexual orientation, and these abuses against patients and their families, are a form of professional malpractice that reinforces negative self-esteem and suicide in people who are deeply hated by the churches that promote this fraudulent "therapy."

Commenter: GEORGE GOUNLEY 8/5/19 11:29 am

Protect Personal Freedom of Individual Seeking Therapy and Professional Freedom of Therapist

The ban on conversion therapy that you propose and advocate limits the freedom of both the therapist and the person seeking help. It assumes that the client never desires to resolve conflicts between physical and emotional gender in favor of the physical. It prevents the therapist from acting on the informed conclusion that resolving the conflict in favor of the physical is what is best for the client and therefore the only way to comply with the dictum to do no harm.

Commenter: Adam Trimmer, Born Perfect 8/5/19 5:05 pm

Twofold Support of this Regulation

I support this Regulatory Action as both an individual and as part of an organization.

As an individual, I have some really painful memories from my time as an ex-gay. An ex-gay is an individual who, instead of identifying as gay, identifies as struggling with same-sex attraction, believing that one can heal from homosexuality. These attractions did not go away, but my enjoyment of life and self-confidence did. Instead of learning to love myself, I only learned to resent my parents as I was taught that my mother was overbearing and that my father was emotionally absent. This was taught to me as a "root cause" of me "developing same-sex attractions." As someone who was personally impacted by efforts to "heal from homosexuality," also known as sexual orientation change efforts (SOCE), or conversion therapy, I express a heartfelt thank you for defining it for what it is. Thank you for also wanting to make sure that our community is protected.

I also support this regulatory action on behalf of Born Perfect as Virginia's Born Perfect Ambassador. Born Perfect was created in 2014 by the National Center for Lesbian Rights to end conversion therapy. Few practices hurt LGBT youth more than attempts to change their sexual orientation or gender identity through conversion therapy, which can cause depression, substance abuse, and even suicide. But some mental health providers continue to subject young LGBT people to these practices—also known as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts"—even though they have been condemned by every major medical and mental health organization in the country. This action is a fantastic step in the right direction.

Commenter: Chet and Barbara Walrod 8/5/19 6:27 pm

Conversion Therapy

This inhumane and dangerous therapy does not need to be legitamized. LBGTQ individuals are not mentally ill....they were created to be who they are by God. People should be allowed to be who they are and loved and supported. Love is love and people should be able to love whomever they want without being told they are wrong.

Commenter: Matthew DeGrave 8/5/19 8:53 pm

Conversion therapy harms children

Dear Virginia Board of Psychology,

Hello, my name is Matthew DeGrave and I am writing in support of the NOIRA regarding regulation 18VAC125-20, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia.

I have friends and family that are part of the LGBTQ+ community and could not imagine them being forced to believe that they are something they are not. I just want people in the LGBTQ+ community to be able to be themselves with out the fear or option (for kids under 18) of being "converted" to being straight. I do not believe this works anyway

Conversion therapy, sometimes referred to as "reparative therapy," "ex-gay therapy," or "sexual orientation change efforts," is a set of practices by mental health providers that seek to change an individual's sexual orientation or gender identity. This includes efforts to change behaviors or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include psychotherapy that aims to provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventionsto prevent or address unlawful conduct or unsafe sexual practices. Nor does it include counseling for a person seeking to transition from one gender to another. There is no credible evidence that any type of psychotherapy can change a person's sexual orientation or gender identity. In fact, conversion therapy poses critical health risks to lesbian, gay, bisexual, transgender, and queer young people, including depression, shame, decreased self-esteem, social withdrawal, substance abuse, risky behavior, and even suicide. Nearly all the nation's leading mental health associations, including the American Psychiatric Association, the American Psychological Association, the American Counseling Association, the National Association of Social Workers, and the American Academy of Pediatrics, and the American Association for Marriage and Family Therapy have examined conversion therapy and issued cautionary position statements on these practices. Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyedover 34,000 respondents,making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percentof LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57percentof transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year. These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Research reveals that LGB

young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors. This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Matthew DeGrave

Commenter: Janet Holloway 8/5/19 10:10 pm

Parental Rights should be affirmed!

I think our world is very misguided to think that children should not be counseled when feeling gender confusion. It is precisely then that parents should be vigilant and get their children the help they need. If someone is born with a tendency to alcoholism or sexual addiction or drug addiction, we do not say that that is okay to promote. Likewise, children need professional guidance as to how to handle their feelings and how best to live within the parameters of our natural God-given world.

Commenter: Dana Fikes, Equality Loudoun 8/6/19 8:14 am

Please Ban Conversion Therapy

"Conversion therapy" is a dangerous and discredited practice based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Conversion therapy is harmful to people and results in an increased risk of suicide in an already vulnerable population. Virginia should join the other 18 states, DC, & Puerto Rico in banning conversion therapy for minors!

Thank you.

Commenter: Joseph Allen / University of Virginia 8/6/19 10:11 am

Ban Conversion Therapy

This practice has no scientific basis, is likely to create significant real harm and should never be practiced by any reputable provider.

Commenter: Stacey Capell 8/6/19 11:51 am

We must ban conversion therapy NOW.

It is time for the state of Virginia to ban the dangerous and discredited practice of conversion therapy. Conversion therapy, by definition, is an intervention that aims to alter or "fix" an individual's same-sex attractions or gender expression. This implies that any sexual orientation or gender expression other than heterosexuality and cisnormativity is somehow inferior, undesirable and unhealthy. The worldwide medical community agrees that this is simply not the

case. The majority of reputable medical and psychological organizations both in the US and elsewhere agree that human sexuality and human gender expression is variable, and that such variation is both normal and healthy.

The following list is just a few of the many organizations that have issued statements opposing the practice of conversion therapy:
American Academy of Child and Adolescent Psychiatry
American Academy of Family Physicians
American Academy of Nursing
American Academy of Pediatrics
American Association of Sexuality Educators, Counselors and Therapists
American Counselling Association
American Group Psychotherapy Association
American Medical Association
American Medical Student Association
American Mental Health Counselors Association
American Psychiatric Association
American Psychoanalytic Association
American Psychological Association
American School Counsellor Association
Association of Christian Counsellors
Association of Lesbian, Gay, Bisexual, Transgender Issues in Counseling
Australian and New Zealand Professional Association for Transgender Health
British Association for Counselling and Psychotherapy
British Association of Behavioural and Cognitive Psychotherapies
British Psychoanalytic Council
British Psychological Society
Canadian Association for Social Work Education
Canadian Association of Social Workers
Canadian Professional Association for Transgender Health
Canadian Psychiatric Association
Clinical Social Work Association
College of Registered Psychotherapists of Ontario
College of Sex and Relationship Therapists
Gay and Lesbian Medical Association
GLADD (The Association of LGBT Doctors and Dentists)
International Federation of Social Workers
National Association for Children's Behavioral Health
National Association of School Psychologists
National Association of Social Workers' National Committee on LGBT Issues
National Coalition for Mental Health Recovery
National Counselling Society
NHS England
NHS Scotland
Pink Therapy Professional
Ordre des travailleurs sociaux et thérapeutes conjugaux et familiaux du Québec (Order of social workers and conjugal and family therapists of Quebec)
Ordre professionnel des sexologues du Québec (Professional order of sexologists of Quebec)
Royal College of General Practitioners
Society for Adolescent Health and Medicine
Substance Abuse and Mental Health Services Administration
The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and their Allies
The Association of LGBTQ Psychiatrists
UK Council for Psychotherapy
World Professional Association for Transgender Health

Clearly, our doctors, psychologists, and other experts agree that the use of conversion therapy needs to stop. It is time that Virginia takes this important step to protect it's citizens from this harmful and disproven practice.

Commenter: Jay Timmons 8/6/19 11:51 am

Please ban so-called conversion therapy for minors under 18

I write in support of VAC 125-20 for Psychology which would ban so-called "conversion therapy" by licensed psychologists in Virginia for those under 18. Today, I am President and CEO of the National Association of Manufacturers, but I submit these comments not in that capacity but as a citizen of the Commonwealth and former Chief of Staff for Governor George Allen, to advance the same principles that we promoted when in office: Free Enterprise, Competitiveness, Individual Liberty and Equal Opportunity. Allowing individuals to come to terms with their authentic selves, to live honestly and to not endure painful, often forced, efforts to break them of who they are and of what they feel will help our Commonwealth and all people strengthen these core pillars of an exceptional America.

As a gay man myself, I know this conclusion to be true. There was a time that I thought I could change who I was and would consider any methods to do so, or ignore this side of myself, from trusted mentors, counselors and spiritual advisors. I wanted to make my parents proud, and to see their dreams for me fulfilled. So, coming to terms with who I was had me wrestle with many doubts, great fears and tortured thoughts—to find a different way to live and feel.

In my formative years, I turned to my studies, work and public service to wall-off this side of me, hoping that somehow my feelings would evolve. Over the years, I came to terms with the truth that I could not change who I was created to be, and ought not to, bolstered by people in my life who encouraged me that the path of truth and authenticity was the only way to live—and to love. I have the benefit of looking at my husband, Rick Olson, and our 3 children, C.J., Ellie and Jacob today knowing that advice made my life whole.

Unfortunately, not everyone has the benefit from this support structure and not everyone has seen their true life come to term. So-called conversation therapy has robbed people of their lives and created a whole class of survivors who have struggled in the face of individuals telling them they are not normal, challenging their relationships with their parents and family and working to distort their minds and their feelings. As a current colleague had said in *The Washington Post* seven years ago: "Imagine routinely hearing from a so-called expert that your mother had harmed you and that your father had failed you, despite having two loving parents who sacrificed career pursuits and much else to see you realize your dreams. Think about subjecting yourself to shock therapy — the most awful pain — as your therapist showed you images of same-sex relationships in an effort to break you of your natural feelings." That colleague came close to ending his life. These impacts are why the medical community has concluded that conversion therapy does not work, and that it often harms people and families.

As a people who value life, each individual and every family, because of their intrinsic worth and because they strengthen those pillars that make our country great, we must commit to end this practice that targets those very foundations of our society. While we can, and must, respect the role of religious institutions and counselors in helping all individuals live better lives and confront the great questions of life, we cannot give state-sanction to a harmful practice that puts young people and other individuals at risk of death and limits so many individuals' potential to contribute to our families, our communities and our country.

I urge favorable action on VAC 125-20 for Psychology.

Commenter: Ayala Sherbow 8/6/19 12:31 pm

BAN CONVERSION THERAPY

I am the mother of one Transgender young adult and one gay young adult. Our family has personally navigated the often challenging process of learning about and coming to accept our

children as they find their authentic identities -- identities that challenge our expectations and assumptions. We know this process is difficult for families and we took the time to educate ourselves broadly. We know that there is no accredited, established, scientifically supported medical or psychological rationale for conversion "therapies." These "therapies" are essentially coercive tactics that expose already vulnerable young people to stresses and pressures that can have severe detrimental impacts on their physical and mental well-being. The state has a duty to protect minors from harm. The scientific consensus on conversion "therapy" is clear. Please ban it in Virginia. Thank you.

https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-whether-conversion-therapy-can-alter-sexual-orientation-without-causing-harm/

https://cdn.ymaws.com/ohpsych.org/resource/resmgr/files/about/LGBT_Sub_Com/Conversion_Therapy_handout_1.pdf

https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx

This article from the HRC links to statements from all leading professional mental health organizations with their statements opposing the use of conversion therapies: https://www.hrc.org/resources/the-lies-and-dangers-of-reparative-therapy

Commenter: Amanda Golino 8/6/19 12:50 pm

Ban Conversion therapy

As a registered nurse I look at evidence to guide my practice and always go by the Hippocratix Oath-first, do no harm.

Conversion therapy is a pseudoscientific practice with no reliable evidence to support its use. Currently, 18 states ban conversion therapy. Virginia must have the courage to ban this cruel and inhumane practice.

Commenter: Greg Melia, Virginia Citizen 8/6/19 2:02 pm

Ban conversion therapy

During my undergraduate studies in psychology at The College of William and Mary, I learned about the misguided and biased scientific studies that were used to justify racism. Conversion therapy is rooted in the same wrong-headed moral superiority, and causes harm on so many levels. Anyone practicing conversion therapy should be barred from the practice of medicine and held accountable under law. Ban conversion therapy!

Commenter: Anne Haak 8/6/19 2:09 pm

Homosexuality is not a mental illness

Conversion therapy presupposes that homosexuality is a problem or a mental illness. It harms children who are gay by teaching them to hate themselves. It has been proven not to work and should not be a part of standard practice.

Commenter: Philip Casper 8/6/19 2:20 pm

Ban conversion therapy

Please ban conversion therapy for those under 18.

Commenter: Herb Grant 8/6/19 2:36 pm

This is how I was created

I write to support the BAN of "conversion therapy."

Each of us is created as the person we are meant to be. Whether male, female, straight or queer, we are who we are!

No one should attempt to change who someone is simply because they do not agree with who that person is.

Please BAN this outdated and outrageous process and recognize that we are each created as we are meant to be.

Herb Grant - person who happens to be straight, male, husband, parent, son, Christian.

Commenter: M Dalton 8/6/19 2:40 pm

Caution on Regulatory Approach

I urge the Board of Psychology to exercise caution in regulating on an issue in a way that could conflict with the legislature. Decisions in serious matters relating to the relationship between parents, children, and the government, should receive the full attention of the legislature, and not be made by a separate branch of government.

Commenter: Sarah Warbelow, Human Rights Campaign 8/6/19 3:33 pm

Support for the NOIRA regarding 18VAC125-20, Regulations Governing the Practice of Psychology

Dear Virginia Board of Psychology,

The Human Rights Campaign (HRC), on behalf of its more than 151,000 members and supporters in Virginia, thanks you for the opportunity to affirm support for the Notice of Intended Regulatory Action (NOIRA) regarding 18VAC125-20, an important step in the effort to protect minors in Virginia from the dangerous and discredited practices that falsely claim to change their sexual orientation or gender identity.

The Human Rights Campaign is America's largest civil rights organization working to achieve lesbian, gay, bisexual, transgender and queer (LGBTQ) equality. By inspiring and engaging all Americans, HRC strives to end discrimination against LGBTQ people and realize a world that achieves fundamental fairness and equality for all. As an advocate for LGBTQ young people, HRC believes that no young person should be subjected to dangerous practices that lack legitimate medical purpose, such as conversion therapy.

Conversion therapy, sometimes referred to as "reparative therapy" or "sexual orientation change efforts," are practices that seek to change a person's sexual orientation or gender identity. These practices are based on the false idea that being LGBTQ is a mental illness that needs to be cured—an idea which has been rejected by every major medical and mental health group. Importantly, conversion therapy does not include legitimate therapies that provide acceptance, support, or understanding of LGBTQ identities; that facilitate coping, social support, or identity

exploration; or that address unlawful conduct or unsafe sexual practices. This proposed regulatory action would prohibit state-licensed psychologists from engaging in conversion therapy with minors.

There is no credible evidence that conversion therapy can change a person's sexual orientation or gender identity, and it is abundantly clear that conversion therapy poses devastating health risks for LGBTQ youth including depression, decreased self-esteem, substance abuse, homelessness, and even suicidal behavior. This is why the nation's leading mental health organizations have ubiquitously decried these unscientific practices. Unfortunately, due to discrimination against LGBTQ people and the fact that professional rules have not kept up with this widespread understanding, some licensed mental health professionals continue to engage in conversion therapy. A recent Williams Institute at UCLA School of Law report revealed that an estimated 20,000 LGBTQ minors in states without protections will be subjected to conversion therapy by a licensed healthcare professional if state officials fail to act. Additionally, a 2018 study from the Family Acceptance Project at San Francisco State University found that suicide attempts nearly tripled for LGBTQ youth who reported both home-based efforts and outside-the-home efforts to change their sexual orientation (compared to LGBTQ youth who did not experience such change efforts).

Providers who engage in conversion therapy under state license mislead families about the risks involved, leading to negative psychological outcomes, irreparable damage to family cohesiveness, and lasting personal and social harms. This regulatory action is needed to protect families from these damaging practices.

Thank you for the opportunity to comment in favor of this vital proposed regulatory action.

Sincerely,
Sarah Warbelow
Legal Director, Human Rights Campaign

Commenter: LGBT Life Center 8/6/19 3:42 pm

End conversion therapy in Virginia

Conversion therapy – sometimes called reparative therapy - is the discredited and harmful practice of attempting to change one's sexual orientation or gender identity. This philosophy is based on wildly outdated notions and bigotry. In Virginia, it is currently legal to promote and engage in this dangerous technique. Youth often have no choice when this treatment is sought out by their parent or guardian, yet this practice can have detrimental impacts for years and decades to come.

Since 1975 – 44 years – the American Psychological Association has stated that homosexuality is not a mental illness, yet throughout Virginia organizations and individuals continue to masquerade "conversion therapy" as a legitimate and psychologically backed option for LGBTQ youth – to "cure" them of being who they are. In fact, all major mental health organizations have deemed conversion therapy as unethical, ineffective and dangerous to the wellbeing of clients.

This is an affront to thriving adult members of the LGBTQ+ community, and most importantly it is an attack on the health and well-being of LGBTQ+ youth. Fostering an environment in which LGBTQ+ youth are told they can be "cured," or even suggesting that they need to be cured of something that is a natural part of who they are is the true psychological harm.

We believe that therapy shouldn't become deadly; according to a 2019 article by USA Today, "Suicide attempts nearly tripled for LGBT young people who reported both home-based efforts to change their sexual orientation by parents and formal intervention efforts by external parties, such as therapists and religious leaders..." And data from the Pew Research Center notes that LGB youth are five-times more likely to have attempted suicide than their heterosexual peers, and that 40% of transgender adults have attempted suicide (92% of those before the age of 25). Societal "norms" and pressures have an immense impact on our youth. It is the responsibility of our leaders to fight against adversity, protect our citizens, and create a brighter future for our children. We must do everything in our power to ensure those pressures don't include state sanctioned emotional and mental abuse, such as conversion therapy

LGBTQ Virginians deserve to grow up in a world and have an environment in which they are encouraged to thrive, free from the constraints of a misinformed pseudo-medical community

promising a chance to "cure" something that is not wrong with them. This is not just a belief we hold, it is an action we are taking. That is why, at LGBT Life Center, we've made it our mission to expand affirming counseling services and open a clinic that understands the unique health needs and challenges of the LGBTQ+ community. Forced "treatment" because of gender identity or who someone loves is absurd, abusive, wrong and it strips LGBTQ+ people of their dignity. We strongly condemn this practice.

We are not alone in this mentality – in fact, national and international professional boards in the medical and phycological community agree; Conversion therapy has been condemned by The American Psychological Association, American Psychiatric Association, American Medical Association, American Academy of Family Physicians, American Academy of Child and Adolescent Psychiatry, American Counseling Association, American Academy of Pediatrics, American Psychoanalytic Association, Australian Psychological Society, British Psychological Association, Endocrine Society, National Association of Social Workers, Psychological Society of Ireland, Psychological Society of South Africa, and the World Professional Association for Transgender Health.

Sixteen states and territories have already banned this harmful practice. We call on Virginia to join them in protecting our youth.

Commenter: Janeen De Grave 8/6/19 3:57 pm

Ban Conversion Therapy NOW

Ban conversion therapy NOW! It's not therapy at all, it's inhumane!

Commenter: Willow Woycke 8/6/19 4:20 pm

Conversion Therapy, Please ban

To Whom It May Concern:

I am a transgender woman and a lesbian. When I was around nine I told my mother that I thought my life would be better if I was a girl. My mom told me people like that aren't happy. I don't know what she meant, but I knew I should not try to be a girl. I wanted to be happy, but I was only really happy for myself when I was wearing girls clothes. I didn't know why. As I grew up I had times when I didn't dress as a woman, but I would keep coming back to it, and, always, in the back of my mind, my true gender was screaming at me, "you're a woman". It almost destroyed my marriage. It caused us to separate for six years. I was trying so hard to not be transgender. I tried therapy, years of therapy. I tried 12 step programs. I worked all of the steps in two programs. Still, my gender would be calling to me in the middle of the night telling me I was a woman. When I was 53, my wife and I discussed it, maybe I should try to live my truth. I started my transition. My depression lifted, my type 2 diabetes went into remission, and my high blood pressure went away. There were physical health benefits from living my truth.

Conversion therapy tries to rip a persons gender identity or sexual orientation away from them. It not something that can be removed or changed. It is abusive therapy and will leave deep, lasting emotional scars.

I would prefer someone get the health and mental health benefits of being who they are and loving who they love to the emotional scars that conversion therapy leaves behind.

Thanks,

Willow Woycke

8/6/19 4:51 pm

Commenter: Bethany Teachman, PhD

Conversion therapy has high potential to cause harm

The scientific evidence regarding conversion therapies suggests that these are very unlikely to change an individual's sexual orientation, but instead are far more likely to increase levels of harm and distress, by directly implying that same sex attractions are disordered.

'Free speech' has never been accepted as a rationale to allow harmful or ineffective medical practice. Nor has it been used to allow providers to make unjustifiable claims about their practice (i.e., claiming that they can change sexual orientation in the absence of evidence that this is a reasonable possibility).

For consenting adults, allowing conversion therapy provides a degree of freedom, but only at the cost of encouraging a practice that is expensive and likely ineffective.

For adolescents, allowing conversion therapy is likely to be harmful, as it stigmatizes an adolescent for their sexual orientation at a vulnerable time in life. The results of allowing this discredited practice to continue are likely to be significant harm to the adolescent at a critical period in their development.

Commenter: Hilary Lee 8/6/19 4:56 pm

Ban conversion therapy

We must stand with science and humanity in denouncing the harmful practice of conversion therapy. Virginia is for lovers, not human rights violations.

Commenter: David Moore 8/6/19 5:03 pm

Support this change to identify Conversion Therapy as harmful

I support this change to now identify Conversion Therapy as harmful and to hold practitioners accountable should they recommend or use Conversion Therapy any longer.

Commenter: Amber Beichler 8/6/19 5:06 pm

We need to ban conversion therapy now!

The AMA, the APA, and the AAP are against conversion or reparative therapy. Being LGBTQ is not a disease or a disorder, it's who we are. Conversion therapy is abuse. Period.

Commenter: Eric Santiago (AA VA Assistant State Dir., B.A. Inc. VP) 8/6/19 5:19 pm

Support Amendment, Ban Conversion Therapy

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

Commenter: Robert J Anderson 8/6/19 5:59 pm

Conversion Therapy Is Not Legitimate

Many psychological and psychiatric professional, including the American Psychological Association have disputed the legitimacy of "conversion therapy." Not only has it not proven itself scientifically, but, worse, it introduces trauma where it may not have existed, or exacerbates trauma that was already present.

Commenter: Lori Rose-Thompson 8/6/19 6:21 pm

No conversion therapy

Conversion therapy is ineffective, not science-based, and not supported by the American Psychological Association, the American Academy of Pediatrics, the American Medical Association, or any other major medical/psychological professional association. It should be banned, as it has been in many other states already.

Commenter: Debra Skomer 8/6/19 6:35 pm

Conversion Therapy is Harmful

Conversion therapy is the pseudoscientific practice of trying to change an individual's sexual orientation from homosexual or bisexual to heterosexual using psychological or spiritual interventions. **There is virtually no reliable evidence that sexual orientation can be changed and medical bodies warn that conversion therapy practices are ineffective and potentially harmful.**[1][2][3][4][5][6][7] Medical, scientific, and government organizations in the United States and United Kingdom have expressed concern over the validity, efficacy and ethics of conversion therapy.[8][9][10][11][12][13] Various jurisdictions in Asia, Europe, Oceania, and the Americas have passed laws against conversion therapy. (Wikipedia, https://en.wikipedia.org/wiki/Conversion_therapy)

Commenter: Ivan Gradjansky 8/6/19 7:08 pm

End conversion therapy

Conversion therapy should be constituted as torture, even the person who developed it has come to realize his mistake.

Commenter: Karen W. Leffel 8/6/19 7:19 pm

Please respect parent rights

Please do not endanger children by forcing them to struggle with some of these most difficult, emotionally charged decisions alone. Do not force out parents when they are most needed by their children.

Commenter: Jay A Hufton 8/6/19 7:23 pm

Ban conversion therapy

So-called "conversion therapy," sometimes known as "reparative therapy," is a range of dangerous and discredited practices that falsely claim to change a person's sexual orientation or gender

identity or expression. Such practices have been rejected by every mainstream medical and mental health organization for decades, but due to continuing discrimination and societal bias against LGBTQ people, some practitioners continue to conduct conversion therapy. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

Commenter: Pam Pascoe 8/6/19 8:29 pm

Conversion therapy-Deny drowning person life saver? Deny hurting person counseling? Unthinkable!

Commenter: Lisa Jayne Burns 8/6/19 8:45 pm

Ban Conversion Therapy

It is simply a form of torture. We should allow minors to be true to themselves and not cause such pain and self hatred and rejection. It is a sick and rejected practice.

Commenter: Jeffrey I. Bloom 8/6/19 8:57 pm

Conversion Therapy Should Be Legally Prohibited

Conversion therapy should be legally prohibited. There is no scientific or clinical basis for its use, and it has been proven harmful to the persons subjected to it. The clinical evidence demonstrates that the damage caused by this practice is lasting and severe. I encourage all Virginia legislators and regulators to support a legal ban on conversion therapy. Thank you for your attention to my comment.

Commenter: William W. Snidow, Jr. 8/6/19 9:51 pm

Ban Conversion Therapy

Please act to protect youth from so-called "conversion therapy," a shameful practice aimed at changing youths' sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender or queer is a mental illness that needs to be cured, a view with no scientific basis.

Really, how is this even a discussion? Please do the right thing and ban this asinine practice.

Commenter: Loraine Garcia 8/6/19 10:05 pm

Ban conversion therapies

This is non scientific practice that falsely claims to change a person's sexual orientation. This is abusive and traumatic for these people that get subject to the so called therapies. Stop the nonsense.

8/6/19 10:12 pm

Commenter: Steven Lize, PhD

Conversion therapy is unethical and harmful

Conversion therapy should be defined as an unethical practice for the profession. It should be prohibited as a harmful intervention. The national professional and scientific associations have issued statements supporting this position, based on conclusive research evidence.

Commenter: Catherine Sublett Read 8/6/19 10:26 pm

Ban Conversion Therapy - it's torture

There is no validity, research or data to support that there is ANY benefit to this type of "therapy." In fact, quite to the contrary it is harmful and traumatizing. Sexual orientation is not a "problem" to be fixed.

Commenter: Cynthia A Kohout 8/6/19 10:41 pm

Ban Conversion Therapy

This is not the 19th century. Stop it. I cannot believe this is going on now, in 2019. This is torture, it does not work and it is against everything human. I ask you to ban this practice for once and for all.

Commenter: Kathy Andrew 8/6/19 11:19 pm

No to conversion therapy.

So-called }conversion therapy," is a dangerous and discredited practice aimed at changing their sexual orientation or gender identity. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. In addition, these practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

I feel we can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Thank you,

Kathy Andrew

Commenter: Sabine Balden 8/6/19 11:52 pm

Conversion Therapy

I know I don't need to emphasize to the board members that these "therapies" are ineffective and harmful, the evidence for that is well documented.
But I can tell you that one of the worst things that can happen to a child is to be told that their very being, their very desire and innocent expression of their personhood, is somehow wrong, and sick, and needs to be fixed. What they don't need is to be shamed and humiliated and terrified and made to despise themselves, all in the name of "a cure".

Since conversion therapy has been shown to be ineffective and harmful, the only reason to subject a minor to that is for charlatans to make money off of parents who persist in believing that homosexuality is some sort of aberration, and that it can be cured.

To allow a therapy that is harmful, in order to satisfy the ignorant and uninformed fears of parents is immoral and unethical, and it is a recipe for abuse.

The entire point of having a Board of Psychology is to prevent harmful practices and to protect patients from being subjected to harmful therapies. The fact that the parents often initiate the request is immaterial, as they are not experts on the causes and frequency and normalcy of homosexuality. They are fearful for the future of their children, but that fear is based on false information, and the minors in their care should not have to pay the price. A far better "therapy" would be to inform the parents that their children need their love and support, that homosexuality is a normal variation of sexual expression, and that there is no "cure".

Please use your authority to protect minors from abusive practices disguised as curative therapies.

Commenter: Dr. Jallen Rix 8/7/19 12:39 am

Ban damaging ex-gay ministries and therapy

I was highly damaged growing up being put through an ex-gay program and forced into conversion therapy. It doesn't work. It causes harm. Please be the ones to stop it in your state.

Commenter: Scott harvey 8/7/19 1:23 am

Ban conversion therapy

Conversion therapy is not therapy. Real therapy teaches people to love and accept themselves.

Commenter: Curtis Smith 8/7/19 4:21 am

Conversion Therapy

How do regulate a practice that doesn't work.
Brainwashing homosexuals is unethical.

Commenter: A.M. 8/7/19 6:02 am

Ban conversion therapy

It is mind boggling that this even needs comments. Conversion therapy is inhumane, ineffective, and truly tiptoes on the line of criminal negligence and malpractice for any doctor or government agency allowing, facilitating, or promoting this option.

#banconversiontherapy

Commenter: Silvia Park 8/7/19 6:28 am

Support for the NOIRA regarding regulation 18VAC1 25 - 20 , on the Practice of Conversion Therapy

Dear Virginia Board of Counseling,
American Atheists is pleased to support **the NOIRA regarding regulation 18VAC125-20**, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed psychologists in Virginia. American Atheists is a national organization dedicated to the separation of church and state, the normalization of atheists, science based policies, and supporter and ally of the LGBTQ community. We believe that science and empirical based evidence must be used to drive policy, not religious ideology. We stand as allies with the LGBTQ community in abolishing conversion therapy altogether, especially in regards to our youth.

As the parent of a transgender son who is also gay, I feel this very personally.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers.[1] Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.[2]

The Trevor Project's 2019 National Survey on LGBTQ Mental Health, a cross-sectional national survey of LGBTQ youth across the United States, surveyed over 34,000 respondents, making it is the largest survey of LGBTQ youth mental health ever conducted. This survey found that five percent of LGBTQ youth reported being subjected to conversion therapy (with approximately 2/3rds of LGBTQ youth reporting experiencing some effort to change their sexual orientation or gender identity). Given the frequency with which youth will not know to identify their experience of such pressure coming from a licensed professional as "conversion therapy," that five percent number should be viewed as a floor. The same survey found 42 percent of LGBTQ youth who underwent conversion therapy reported a suicide attempt in the past year. These individuals reported attempting suicide in the past 12 months more than twice the rate of their LGBTQ peers who did not report undergoing conversion therapy. 57 percent of transgender and nonbinary youth who have undergone conversion therapy reported a suicide attempt in the last year.

These findings echo that of a recent study by Caitlyn Ryan of the Family Acceptance Project. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks. Research reveals that LGB young adults who report higher levels of family rejection during adolescence are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.[3]

Existing law provides for licensing and regulation of various mental health professionals, including physicians and surgeons, psychologists, marriage and family therapists, clinical social workers, and licensed professional counselors.[4]

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

This regulation would prevent licensed mental health providers in Virginia from performing conversion therapy with a patient under 18 years of age, regardless of the willingness of a parent or guardian to authorize such efforts. The regulation will curb harmful practices known to produce lifelong damage to those who are subjected to them and help ensure the health and safety of LGBTQ youth. We thank you for proposing this important regulation.

Sincerely,

Silvia Park
Virginia Assistant State Director
American Atheists

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

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

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

[4] This list may need to be modified depending upon your state law and the types of mental health professionals covered by the regulation.

Commenter: Rebecca P Gibney 8/7/19 6:49 am

Conversion Therapy

Conversion therapy is a pseudoscientific practice, inhumane and dangerous to the individual involved.

Commenter: Private Citizen 8/7/19 7:57 am

End Conversion Therapy Licensing

Conversion therapy has been proven to have harmful effects on the psychological development of youths who have gone through these treatments. It is imperative that licensing of this practice ends. Janice Stallard

Commenter: Mary McGuire 8/7/19 8:32 am

Protect freedom of Virginia Families to acquire the counseling they choose

Parents are the gardians, primary educators and decision makers for their children. They have the fundamental right , under Virginia law to make decisions regarding the upbringing, education and care of their children. You have the responsibility to support them in their decision to seek counseling they choose. You do not have the right to usurp parental authority.

Commenter: Tucker Landry, Tucker Landry LLC 8/7/19 8:36 am

Ban Conversion Therapy- It's not therapy

Please enact legislation to outlaw the damaging practice of attempting to change an individual's sexuality. Instead, any professional or religious leaders interested in helping youth struggling with sexual identity issues should be practicing acceptance, and working from there to help individuals succeed in life.

Commenter: Reenie B 8/7/19 9:00 am

Do not support conversion "therapy"

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and are therefore taking advantage of parents and harming vulnerable youth. "Conversion therapy" is dangerous, unethical, and does not work. You can not change a person from who they are.

Commenter: Lorie Marshall-Rajput 8/7/19 9:21 am

Ban Conversion Therapy

Please continue to ban conversion therapy in minors in Virginia. The practice is harmful and largely discredited with studies demonstrating increased depression, substance use, and suicide attempts in youths being treated by this harmful practice.

Commenter: Holly Hazard 8/7/19 9:26 am

Comment in support of banning the practice of conversion therapy

Commenter: Stanley S. Smith 8/7/19 9:27 am

Ban Conversion Therapy

Where there is no disease, there is no therapy. Calling something a "disease" is using that word as an excuse to invade another person.

Commenter: Holly Hazard 8/7/19 9:32 am

Comment in support of banning the practice of conversion therapy

Conversion therapy has been dismissed as lacking any scientific foundation. It is a scam and can lead to harmful outcomes for patients and their families. Professionals practicing in the Commonwealth should not be allowed to use this therapy on their patients. Please ban conversion therapy as a recognized treatment model.

Commenter: Robert Penczak 8/7/19 9:37 am

Ban conversion therapy.

As a humanist and a retired physician, I find it deeply disturbing that we even need to debate the morally abhorrent practice of conversion therapy in this, the 21st century, as if there's an argument to be made that the barbaric practice of turning a person against themselves on the basis of their sexual preference is somehow in that person's therapeutic interest. You will not find many physicians or scientists advocating on behalf of such torture. But you will find a whole lot of religious Fundamentalists who care neither for the Constitutional prohibition on fusing church and state nor for the welfare of our fellow human beings who will be traumatized and put at greater risk

for dying by suicide if conversion 'therapy' - think psychological Inquisition - is allowed to go on. The State should criminalize attacks on gay people, not sanction them. Please ban conversion therapy now. The people who need therapy are the theocratically inclined religious zealots who falsely equate religious freedom with a fundamental right to weaponize their inhumane and inaccurate beliefs against whomsoever they choose. Conversion 'therapy' is abuse. Time for our government to defend innocent citizens by banning the practice rather than continuing to aid and abet the abusers.

Commenter: Daryl Bayles 8/7/19 10:28 am

No conversation therapy!

Commenter: Laurie meadows 8/7/19 10:30 am

Ban conversion therapy

I support the ban on conversion therapy and consequences imposed for practitioners who may continue to attempt it. The practice is barbaric and proven harmful thank you

Commenter: Apryl Prentiss, Alliance for a Progressive Virginia 8/7/19 10:41 am

Conversion Therapy Survivor Urges You to Keep Minors in VA safe

I subjected myself to conversion therapy at the age of 19. I was desperate to change my sexuality as a Christian, so I sought help. Instead, what I got was years of unprofessional, non-scientifically based "therapy" that taught me to hate myself. **I would be willing to speak to any decision-maker personally to detail how dangerous this practice was to me personally and to other people.**

LGBTQ+ youth are already at a higher risk for suicide and self-harming behavior. This number goes up when they are religiously affiliated. When they are exposed to conversion therapy during a crucial time of trying to figure out and deal with their sexuality, their risk increases exponentially. This is not a free speech issue. This is about a dangerous practice that has been discredited by virtually EVERY major medical organization that we trust to guide safe practices. What I would like to emphasize is this: When a mental health professional says that they can help a young person change their sexuality, and those SOCE prove unsuccessfully, this young person is told and infers that the problem is with them. Why? Because an "expert" has told them they can change, when they can't. This activates the extremely insidious guilt/shame cycle that often leads to suicide and self-harm. It has taken me a decade to work through the damage that conversion therapy did to me.

Please protect our youth.

Give them safety in which to figure out their sexuality and let them seek this kind of therapy when they are adults, if they wish, when they have the maturity to see it for the discredited practice that it is and they have the ability to deal with the consequences.

Thank you.

Commenter: Ina Sanabria 8/7/19 10:48 am

Ban Conversion Therapy

I support the movement to ban conversion therapy.

Commenter: Thomas A Guaraldi 8/7/19 10:51 am

"ex-gay" conversion therapy

so-called conversion therapy has been condemned by science and Professionals all over the world. Study after study shows this so-called treatment does more damage to youths and people then ever helps. Of a person has a mind set to be LGBTQ , then no amount os shaming or discrediting will change that-the proof that being LGBTQ is not a mental illness is that so-called professionals stoop to such barbaric levels to try and show change, combined with dangerous drugs and family pressure to enforce the shaming and mental abuse of these so-called professionals.These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are.These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
what they are in effect doing is creating a long term patient base for them to continue treating well into adulthood. This practice is Wrong! the world knows it and the Many places that have banned and outlawed it uses know it!
These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.
medical professionals are Suppose to be a refuge for anyone to get help!!-NOT HARM!!
We can't allow one more young person or anyone!. be targeted and hurt by these dangerous and discredited practices.
The Fate of Many young people and others Rest in your hands to do what is Right!-No matter what a political party claims! You are to be above politics!

Commenter: Ariana Rivens, University of Virginia 8/7/19 10:53 am

Ban Conversion Therapy

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

As a clinician in training, I urge the board to act in alignment with nationwide mental health associations and protect individuals under the age of 18 from harmful practices.

Commenter: Tommy Blount 8/7/19 10:53 am

conversion therapy ban

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. They use shame and rejection to force young to lie about who they are and bury any feelings and emotions deep. This has been proven to lead to low self-esteem, depression, substance abuse and an increased risk of suicide.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth. It should be illegal for a healthcare professional to shame a young person into thinking they are mentally ill because they identify as LGBTQ and then forcing them to undergo dangerous and discredited treatment.

Banning conversion therapy isn't about taking a religious stance. It's about protecting and nurturing today's youth from these discredited and dangerous practices. Too many young people have lost their lives or had them ruined by these practices and they must stop now.

Commenter: Luke Forbes 8/7/19 11:16 am

Conversion Therapy is Wrong

Young people are already under enormous pressure when they are in school. For some, this means there is added pressure of being a closeted LGBTQIAP+ person perhaps with no idea of why they feel this way, or with some profound sense that there is something wrong with them. The facts show that people are born LGBTQIAP+ and do not, and CAN NOT, be "cured" of their sexuality. Conversion therapy is proven to only further destabilize young people and increase depression levels and the threat and possibility of suicide. Besides, how can one cure something that is proven to not inherently be a disease?

Reference here:

https://www.hrc.org/blog/flashbackfriday-today-in-1973-the-apa-removed-homosexuality-from-list-of-me

Commenter: Caryn LeMur, citizen, no organization 8/7/19 11:19 am

Please prohibit conversion therapy for minors

Please prohibit conversion therapy for minors.

I lived in the State of Virginia from 1992 to 2012. I am transsexual (male to female) and still married to my wife ... we celebrated 44 years in July 2019.

We fled the legal persecution by the State of Virginia in 2012, and moved to Maryland.

After all, I had been advised by Social Security that the State of Virginia would essentially 'disallow' my many years of marriage as man and wife, should I predecease my wife... and thus my wife would never receive Social Security (death) benefits. Given I was the major wage earner, this news, plus news that the State legislature was trying to pass more 'deny marriage rights/property rights to same sex couple' legislation, drove us to leave the State of Virginia.

What I am asking, as a former voter in your state, is that you prohibit State Licensed therapists in your State from trying to convert gay to straight; or for that matter, straight people to gay - when the client is under the age of 18.

If the underage client demands such therapy, then the State Licensed therapist can refer the underage client to religious groups that offer such services.

Allow me to digress for a moment: You are probably aware that the Bible-based religious groups are divided on the issue of honoring LGBT orientations and/or marriages. Just as those religious groups debated the arguments of Slave Ownership over 100 years ago (which the Bible allows in specifics but prohibits in principle), the Bible-based groups will continue to be divided for another 100 years. Thus, the Bible is not a basis for this 'conversion therapy' decision one way or the other.

In my opinion, by outlawing State-licensed therapists from performing 'conversion therapy' on minors, the State can (1) ensure that the State does not contribute to self-hatred for minors; and (2) begin to openly advertise that the State is safe for all families and all religions.

Sincerely; Caryn LeMur

Commenter: Cathy Baskin 8/7/19 11:37 am

DO not allow practitioners of "Conversion Therapy" to be licensed in VA

I support the legislation that would prohibit licensing those who practice "Conversion Therapy". Both the American Psychological Association and American Academy of Pediatrics have come out against this kind of therapy.

Professional licensure indicates that a practitioner adheres to accepted treatment practices and ethical guidelines. If someone wants to practice this harmful treatment, they can, but they should NOT be allowed to claim they are practicing an accepted, ethical treatment. You are not preventing families from seeking out this treatment; you are simply saying those who practice it are not recognized as ethical, licensed practitioners in the Commonwealth of Virginia.

Commenter: Tom Psll 8/7/19 11:53 am

Respect Parental Rights

Please respect the rights of families to assist their children in finding the counseling that works best for them. Minors shouldn't have to feel that an unwanted sexual orientation defines them, or that the only acceptable way to treat gender dysphoria is to transition. There are many young people who regret transitioning, or no longer identify as LGBT when they did so as teenagers. This is a personal decision that the government should not be involved in.

Commenter: Ignatius Harding ofm, Saint Francis of Assisi Parish 8/7/19 12:01 pm

I wish to protect the freedom of Virginia families to acquire the counseling they choose

I am taking action to protect the freedom of Virginia families to acquire the counseling they choose and I oppose this misguided and unconstitutional proposal.

Commenter: Robert Rigby, Jr., Fairfax County Public Schools Pride 8/7/19 12:04 pm

Against conversion therapy

I experienced conversion therapy in Virginia, for years. It was one of the most destructive experiences in my life, and it didn't work. Please prohibit licensed practitioners from using conversion therapy techniques of any sort, including talk therapy intended to change someone's sexual orientation or gender identity, with children.

Commenter: J. Welsh 8/7/19 12:09 pm

Protect freedom of families to make healthcare decisions

Commenter: Julie Miles RN 8/7/19 12:09 pm

Conversion TherapyThese dangerous and discredited practices are based on the false claim that being

As a Registered Nurse I am adamantly against the cruel & barbaric practice of Conversion Therapy. These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured—a view with no scientific basis. Conversion

Commenter: Darya Villhauer 8/7/19 12:12 pm

parental rights

Please respect parental rights. Ban forced gender conversion therapy for minors and allow parents to seek the kind of help they believe is best for their child.

Commenter: Geraldine Laird 8/7/19 12:14 pm

Do Not Ban Conversion therapy ban for children

Please respect the rights of families and allow them to use conversion therapy if desired. DO NOT PREVENT FAMILIES FROM MAKING THE BEST DECISIONS FOR THEIR CHILDREN!

Commenter: Morgan Taylor 8/7/19 12:17 pm

Please protect the rights of families to obtain counseling

Please do not ban gender counseling for minors. Some minors genuinely want assistance from professional counselors and should be allowed, with their parents, to access such counseling. To deny families the right to seek this counseling goes against both freedom of speech and religion, and from a mental health perspective could lead to unnecessary distress among young people. A person who desires gender counseling has the same rights as one seeking help for depression. It is not to say this counseling needs to be forced upon all minors, but for those minors who genuinely want this counseling, to deny them the ability to access it would be to put them through unnecessary suffering. Please consider the best interests of all Virginia minors and their families. Thank you for your time.

Commenter: Irene Maria DiSanto 8/7/19 12:25 pm

Permit young people to seek therapy

- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Commenter: Private citizen 8/7/19 12:26 pm

Respect choice. Let Virginia patients pick their care provider.

Virginia elected and appointed officials should uphold the parental right and duty to make healthcare decisions for their children. Unelected regulators should not have authority to limit the field of licensed practitioners based on objection to professional judgment. Proposed regulation unnecessarily limits Virginians' right to speech and exercise of religion and denies individuals the choice to pursue desired counsel and treatment. Virginia deserves from its elected officials and those appointed in authority to value choice for its citizens and respect diverse professional medical and psychological approaches to gender questions. Daily we encounter insight into this arena of gender identity and responses to new questions posed, insight provided by both medical

and mental health professionals and those with ideological agendas. This regulation is driven by ideology and should not be passed. It will not improve the lives of Virginians.

Commenter: Jim Fedor 8/7/19 12:27 pm

Ban conversion therapy.

Commenter: Susan Bond 8/7/19 12:28 pm

Protect Parental Rights

Dear Board of Psychology members,

Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

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

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

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children through these sensitive and deeply personal issues.

Please protect the freedom of Virginia families to acquire the counseling they choose. I oppose this misguided and unconstitutional proposal.

Sincerely,

Susan Bond

Commenter: Mary Biagiotti 8/7/19 12:37 pm

Respect parent rights - do not ban conversion therapy

Commenter: John McMahon 8/7/19 12:40 pm

Respect parental rights

Do not restrict the rights of parents to care for their children as they see fit. And stop trying to legislate through regulation.

Commenter: Fred Bishop 8/7/19 12:43 pm

Violation of rights

Commenter: Philip Briggs 8/7/19 12:45 pm

Do not go against parental rights

Please do not establish regulations that prevent parents from being the primary formators of a child's psychological development. When a child feels pressured to act in a way that is contrary to their nature as male or female, it is up to the parents to help the child develop a healthy understanding of themselves, especially on a psychological level. Please do NOT create any regulations that prevents parents from helping their child in this way.

Commenter: Roger Fortney 8/7/19 12:45 pm

Respect Parental Rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Benny C Wood 8/7/19 12:46 pm

Ban Conversion Therapy

I have known a number of people who were Gay (both friends and family). It's my observation that it is both ineffective and torture for those forced to take it!

Commenter: Frederick Bishop 8/7/19 12:46 pm

Violation of rights

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: Tripp Duke 8/7/19 12:49 pm

Ban conversion therapy!

Commenter: Karen Shannon 8/7/19 12:51 pm

Protect Parent's Rights!

Parents are financially and legally responsibility of their children until at least the age of 18. Health Care plans keeps them until age 26. Parent right's need to be protected!

Commenter: Deacon Jim Benisek 8/7/19 12:54 pm

Respect Parental Rights

Many children experience fleeting feelings of same sex attraction and even gender dysphoria (which remains a disorder according to the DSM). Parents are in the best position to find appropriate counselors for their children. This is a family issue in which political activists should not be involved. Attempts to dictate the content of counseling infring upon our First Amendment rights to freedom of speech and religion, all under the color of law.

Please do not enact this egregious policy.

Commenter: Maureen Reilly 8/7/19 1:09 pm

Parents make the best decisions since they know the needs of their children

Commenter: Syra Howington 8/7/19 1:20 pm

Protect parents rights to make decisions about what's best for their children

We cannot let the government take away the rights of parents no matter what the proposed legislation is. Parents have and deserve the right to parent their own kids! It's not the job or place of any government agency to make decisions for minors who have parents and/or legal guardians. This is about parents rights more then its about conversion therapy.

Commenter: Bill O'Connor 8/7/19 1:45 pm

Why strip Parents of their rights?

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through sensitive and deeply personal issues.

Commenter: Mary B Gregory 8/7/19 1:46 pm

Use of electric shocks in conversion therapy? NEVER.

Commenter: Jacob Riley 8/7/19 1:53 pm

Support for Banning Conversion Therapy

I do not currently live in Virginia, but I did during my time at Liberty University in Lynchburg, where my journey began. I am a survivor of gay conversion therapy. This a discredited pseudoscience that no evidence of working. In fact, it actually does harm. It brings shame, self-hate, and trauma to those who have gone through it. I know, because it happened to me. Years of thinking there is something "wrong" with me and that I was "lesser than" straight men made a lasting negative impact on my life. I am still working through this. It has greatly contributed to deep trouble in my relationships (romantic, friends, and family) and substance abuse. No kid should be made to feel this way. Ever. It is dangerous. And it is wrong.

Commenter: Kevin McGraw, Catholic Campus Ministry at UMW 8/7/19 1:54 pm

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

Good afternoon,

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

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Thank you for taking the time to consider my take on this proposed regulation!

Commenter: MARIANNE MAZZATENTA 8/7/19 1:54 pm

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

Please protect the freedom of Virginia families to acquire the counseling they choose. I oppose this misguided and unconstitutional proposal to ban, for minors, *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."*

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

Marianne Mazzatenta

Commenter: William S. Elliott 8/7/19 2:04 pm

Protect Freedom/Rights of Virginia Families

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Rita Baird 8/7/19 2:07 pm

Parental rights must not be subjugated

PARENTS KNOW THEIR CHILD AND ARE IN THE BEST POSITION TO MAKE HEALTHCARE DECISIONS INVOLVING THEIR CHILD'S WELLBEING. VIRGINIA LAW GIVES PARENTS A FUNDAMENTAL RIGHT TO MAKE DECISIONS REGARDING THE UPBRINGING, EDUCATION AND CARE OF THEIR CHILD OR CHILDREN. SOME YOUNG PEOPLE HAVE ATTRACTIONS THEY MAY DESIRE TO CHANGE OR MODERATE. OTHERS MAY DESIRE GUIDANCE FROM A COUNSELOR TO LIVE A CHASTE LIFE. IN EITHER CASE, FAMILIES SHOULD HAVE OPTIONS TO MAKE INFORMED DECISIONS. LICENSED PROFESSIONALS WITH YEARS OF EDUCATION AND EXPERIENCE SHOULD NOT BE REMOVED FROM THE PROCESS OF HELPING CHILDREN WORK THROUGH THESE SENSITIVE AND DEEPLY PERSONAL ISSUES.

Commenter: Lenny Cohen 8/7/19 2:11 pm

former VA resident on "conversion therapy"

Please ban so-called "conversion therapy" on young people who need their voices heard. That ex-gay nonsense will protect them from a dangerous and discredited practice that really won't change their sexual orientation or gender identity.

These dangerous and discredited practices are based on the false claim that being lesbian, gay, bisexual, transgender, or queer (LGBTQ) is a mental illness that needs to be cured — a view with no scientific basis.

This guidance protects young people from state-licensed therapists in Virginia who falsely claim to parents and youth that being LGBTQ is a mental illness, and therefore taking advantage of parents and harming vulnerable youth.

These harmful practices use rejection, shame, and psychological abuse to force young people to try and change who they are. These practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, substance abuse, and even suicide attempts.

No young person should ever be shamed by a mental health professional into thinking who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people.

We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Faith Roberts 8/7/19 2:18 pm

Uphold Parental Rights

Therapy exists to help those who are troubled. Reasonable therapy that helps a young person sort out their sexual confusion is not the equivalent of shaming or punishing. A good therapist knows the difference. Don't undermine parental choice when it comes to finding the best therapy for their child simply because there is pressure from people bent on making everyone conform to their ideology. This is a misuse of power. Uphold parental rights!

Commenter: Andrew Armstrong 8/7/19 2:25 pm

Sound kind of un-American to me

Doesn't The proposed ban deny families the freedom to seek counseling aligned with their faith?

Commenter: Suzanne Bomar 8/7/19 2:34 pm

Proposed ban on treatments to change indivisual's sexual orientation or gender identity.

I wholeheartedly **support** the proposed ban on *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to… reduce sexual or romantic attractions or feelings toward individuals of any gender."* Scientific evidence has shown that these practices and so-called treatments are not only ineffective but result in serious harm to those who receive them. Sexual orientation is not a choice, it is part of one's genetic heritage and ought not to be considered deviant or evil.

As a parent of several children, I support my right to make decisions for my children while they are minors. However, parental rights, like any others, are not absolute and practices such as the so-called conversion therapy' are in fact tantamount to child abuse.

Please go forward with this ban in order to prevent further harm to our children as well as continued denigration of people with alternative sexual orientation and gender identities.

Thanks you.

Commenter: Stephen Gabriel 8/7/19 2:34 pm

Uphold the rights of Parents

Protect the freedom of Virginia families to acquire the counseling they choose.
Please protect the freedom of Virginia families to acquire the counseling they choose. I oppose this misguided and unconstitutional proposal to ban, for minors, *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to... reduce sexual or romantic attractions or feelings toward individuals of any gender."*

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

This proposal would infringe the fundamental right of parents to care for their children and violate their freedom of speech and free exercise of religion.

Commenter: Alan Clune 8/7/19 2:44 pm

Protect Parental Rights

Do not attempt to establish by regulatory fiat what the Virginia Legislature has refused to legislate. Note the following bulleted points.

> Parents are closes to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

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

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

> The proposed ban would deny families the freedom to seek counseling aligned with their faith.

> Licensed professionals with years of education and experience should not be removed from the process of heling children work through these sensitive and deeply personal issues.

Commenter: Daniel A Rice 8/7/19 2:53 pm

Uphold Parents' Role of Guiding Their Children in Truth and Charity

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.

- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Teresa Connor 8/7/19 2:56 pm

Parental rights to educate and care for their child

Do not take away the fundamental rights of parents to educate and care for their child. Caring includes healthcare. Families need the freedom to seek the counseling that aligns with their faith. A conflict of conscience is never helpful.

Commenter: Mr and Mrs Martin Keller 8/7/19 3:00 pm

Uphold Parential Rights

Professional therapy exists and have had positive results for those who are troubled with their sexual identity. Do not undermine parental choice. Our Legislature disapproved this action, you should not be legislating through regulations.

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Commenter: A.R. Quinn 8/7/19 3:15 pm

Respect Parent's Rights

I am deeply concerned about the Regulatory Board's consideration to deny parents the freedom to seek the kind of counseling that they deem appropriate for their children. The state has NO RIGHT to deny access to counseling that parents deem best for their children, especially in the area of human sexuality, which is very personal and sensitive. Basic biology demonstrates beyond a shadow of any doubt, that there are only 2 biological sexes--male and female. Period. To suggest that we can create another "gender", or convince ourselves that we are not as we are created, is a mental condition of the mind. To use the power of the state to deny help to those who want help to overcome gender dysphoria, or un-wanted same sex attractions, is a GROSS abuse of power, and smacks of pandering to politically motivated organizations, that are more than willing to use the "power of the purse" to bully those who disagree with their mental state of mind. This is not freedom. This is totalitarianism.

Commenter: Dana Loew 8/7/19 3:18 pm

Ban so-called "conversion therapy"

So-called "conversion therapy" doesn't convert persons with same sex attractions to persons with pernament opposite sex attractions, but instead uses self degrading techniques to try to temporarily change said individulal's opinion of that individual's sexual attraction that may lead in a

few instances to a temporary false appearence of opposite sex attraction performed as a means to end the torture of the self degrading so-called conversion therapy. Over time the same sex attraction returns. Thus so-called conversion therapy is fradulent and should be banned to protect minors from this abusive practice that can lead to depression and suicide attempts and unjust financial expense. Thankyou for your attention to this matter.

Commenter: Rita Wasilewski 8/7/19 3:31 pm

"Conversion Therapy" undefined. Ban violates ACA Code of Ethics

"Conversion therapy has never been properly defined. Under this vague term, many good, evidence based counseling practices could be banned.

The proposed ban is a violation of the American Counseling Association's Code of Ethics which states that counseling plans are to be determined jointly by counselors and their clients. Counseling plans are personal and should not be dictated by others.

Commenter: Irene Reisinger 8/7/19 3:35 pm

Parental Rights need to be considered especially in such a decision as altering sexual orientation;

Parental rights need to be respected especially when talking about sexual orientation. As a teacher of teen for almost 20 years I know young people need to be protected by their parents in making such a momentus deciaion when they can hardly make goo day to day decisions. Think of how a young person's life could be damaged by this legislation.

Commenter: Michael Rack 8/7/19 3:38 pm

Against Conversion Therapy

In the case of conversion therapy, the data is clear that it is a harmful practice. Religious freedom does not extend to actions that are demonstrably harmful to others. Conversion therapy has no place in a society that values the life and happiness of its members.

Commenter: Deb Hansen 8/7/19 4:04 pm

I support the ban on conversion therapy

Conversion therapy is harmful and I support the ban on this practice.

Commenter: Grady Dixon 8/7/19 4:05 pm

Unelected regulators bypassing the legeslative process on

Previous legislative attempts to impose this ban have been consistantly voted down by elected representatives of the citizans of Virginia. Professional help is available for parents to seek help for childres needing assistance with gender identification. This is a parents role. Do not take it away from them. The proposed ban would deny families the right and freedom to seek counseling aligned with their faith. Licensed professionals with years of experience and education should not be removed from the process of helping children work through these sensitive and deeply personal issues. Under Virginia law, parents have the fundmental right to make decisions regarding the upbringing, education and care of their children. Do not take this right away!

Commenter: Pia Pell 8/7/19 4:11 pm

unelected regulators should not have the right to limit choice in health care

A ban for minors on "any practice or treatment that seeks to change an individual's sexual orientation or gender identity...etc, etc", proposed by unelected state regulators, has several problems for a free and democratic society which has enshrined free speech and religious freedom in a Bill of Rights, and protects parents' fundamental right to make decisions regarding their children's upbringing, education, and healthcare. First, this ban concerns an issue that is controversial and brand new; it is totally inappropriate to force the ideas of a few elites on vast numbers of citizens who do not agree with these unelected officials' views. Second, it severely limits treatment and counseling options for children and parents who are uncomfortable with feelings that go against biology, science and evolution, and who want help to understand the origin of these feelings, as well as potentially work to change these feelings. Third, it will render many experienced, respected, and licensed professionals as unable to practice. Fourth, it fundamentally contradicts the basis of our country: the individuals limiting treatment choice and parental rights are individuals who work for the state and have not even been elected.

Commenter: Lester Gabriel 8/7/19 4:20 pm

Freedom to Counsel

It does not make sense that a Board, which is supposedly acting in the best interests of Virginians, would attempt to insert itself between a licensed counselor, the parents/guardians of a minor, and the minor him/herself. These sessions are meant to be private. Whatever happened to the right of privacy.

Commenter: Walter 8/7/19 4:24 pm

No ban on therapy!

The state should not create a tilted playing field in which only inclinations *away* from male-female marital relations and *away* from sanely recognizing one's biological sex can be supported by counseling and therapy. There are so many hurting people who want to be free of sexual confusion and attractions that violate their principles or faith. Do not shut the door to help for such persons!

Commenter: Joe O'Brien 8/7/19 4:25 pm

Please Ban Practicing "Conversion" Therapy in Virginia

Please ban the homophobic and dangerous practice of trying to force children into being subjected to the cruel "therapy" of making children endure the archaic and useless therapy. Therapy that is never effective.

Instead, they need to be assured that they are good enough as they are, Please protect them from this fraudulent therapy.

Thank you

Joseph O'Brien

Commenter: John Sturniolo 8/7/19 4:29 pm

NOIRA Parental Rights Freedom to Counsel

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Commenter: Charlotte Chow 8/7/19 4:31 pm

bans on what psychologists and counselors can say

i am totally opposed to a regulatory ban on what psychologists and counselors can say to their clients. There is no such thing as "conversion therapy". Counselors need to be able to treat their clients in the best way possible, with no restrictions. Parents and clients should be able to receive the type of help they want and need. There should be no laws or bans hindering them. We do still honor the First Amendment, don't we?

Commenter: ruth clark 8/7/19 5:02 pm

Respect parental rights

Respect parental rights

Commenter: Philip Camill 8/7/19 5:05 pm

Protect Parental Rights

Do not attempt to establish by regulatory process what the Virginia Legislature has not done. Please note the following points:

1. Parents are the closest to their child's challenges; they are more intimately aware and in the best position to make healthcare decisions involving the well being of their child.
2. Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and health of their child.
3. Some young people may have attractions that they may not understand. That is where a parent, clergy, or trusted counselor can help. Some attractions are natural and some are not. Most of the time these are temporary and need to be guided by a good parent.
4. The proposed ban would deny families the freedom to seek counseling aligned with their respective faiths.
5. Licensed professional with many years of related education and experience should not be removed from the process of helping and healing children through these especially sensitive and deeply personal issues.

Commenter: Alison Kelly 8/7/19 5:06 pm

Human Rights Violation

The proposal to ban treatment for patients seeking to psychologically reintegrate with his or her xx or xy gender violates basic human rights-- Counselor-patient rights and parent-child rights.

Further--in many cases this is just the latest, trendy fad for young people. They lack the judgement to make the decision to forever alter their futures, leaving them open to exploitation by adults with their own agendas.

Commenter: Richard DeLoach 8/7/19 5:29 pm

Regulatory infringement on parental rights to provide moral guidance to their children

I write to express my opposition to proposed regulations intended to criminalize "*any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to… reduce sexual or romantic attractions or feelings toward individuals of any gender.*" Such a regulation would criminalize parental efforts to provide moral guidance for their children in the area of sexual identity/attraction, and is a clear attempt to overcome legislative failures to impose these restrictions in 2016 and 2018. The net effect of these regulations is to accomplish, by the actions of unelected regulators, what was twice rejected by elected representatives of the people.

Commenter: Donato Palizzi 8/7/19 6:24 pm

I oppose the ban re "Unprofessional conduct/conversion therapy"

I oppose the ban on several grounds: legal, moral, parental rights...

Commenter: Ben Delaney 8/7/19 6:26 pm

Why does gender identity need to be included in this?

Sexual orientation and gender identity are different things and should not be treated the same. Parents need to be able to help children with gender dysphasia navigate the issues involved. Thorpe issues are different from those associated with sexual orientation but these regulations do not appreciate this.

Commenter: Victoria D 8/7/19 6:33 pm

Why does conversion therapy pose such a threat?

If we as a society recognize, respect & trust that the physical development & wellbeing of a child falls within a parents area of responsibility, then undisputedly, so too should the psychological wellbeing of the child be entrusted to them - as already divinely ordained.

Why should conversion therapy be banned? There can only be two outcomes to receiving such therapy; either the therapy "works" and the child is restored to its natural state of being or the second outcome is that the therapy fails; and the child continues to develop in the way it so chooses. No harm done and the child's development not hindered in any way.

By banning such therapies, one can make the assumption that those wishing to ban it are concerned about its effectiveness. Parents should retain their God given right to discern treatment of their children when it comes to cancer treatment, a headache or gender dysphoria.

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

Commenter: Margo walley 8/7/19 6:36 pm

Protect the rights of parents and families

The state oversteps its boundaries over this kind of legislation. Why? Why attempt to usurp the rights of parents who know their children best? People are free to choose who to seek for therapy based on their own legitimate rights. This is overbearing and nonsensical. Please step away from this path. Thank you.

8/7/19 6:50 pm

Commenter: Roxanne Edwards

Ban Conversion

Commenter: Elizabeth Danley 8/7/19 7:05 pm

Protect Parent's Rights

- The proposed ban would deny families the freedom to seek counseling aligned with their faith. And parents should have the fundamental right to make decisions regarding the upbringing, education and care of their children.

Commenter: RMJ 8/7/19 7:07 pm

Ban Conversion Therapy

Conversion therapy should be banned everywhere. It is inhumane and psychologically traumatic. No other person should be able to change what another person is intended to be.

Commenter: Roxanne Edwards 8/7/19 7:08 pm

Ban Conversion Therapy in the Commonwealth

The harmful effects on used by the use of conversion therapy is well documented and is considered a non effective and detrimental malpractice by professional medical and psychological organizations.

This malpractice has no place in our Commonwealth, and is being promoted by radical religious groups with agendas that are counter to the overall well being and health of children.

These loud groups are using false information, debunked "studies" and scare tactics to coerce legislators to be in line with "family" organizations with highly conservative agendas.

Care for LGBTQ children can be life affirming and safe, building self esteem, positive self image and health relationships with family and their communities. But not with the brutal and damaging practice of reprogramming, "reparative" abuse and so called therapy.

I am a lifelong resident, a professional and a grandmother of seven. These practices must be halted immediately in our healthcare system.

I thank you for the opportunity to comment.

Rest assured, I and my friends will vote and organize against any legislators who do not vote for this ban.

Commenter: Teresa Cotter 8/7/19 7:23 pm

Protect Parental rights

Please protect parental rights and reject this regulation.

Commenter: Camille Ng 8/7/19 7:35 pm

Protects Parental Rights

Need a provision to protect parental rights while the child is still a minor.

Commenter: Greta Campos 8/7/19 7:37 pm

Parental rights - state overreach

The proposed regulation infringes on the rights of parents and families, including individuals, to make decisions on their care. While I am not a fan of conversion therapy, I think this regulation the prohibits medical practice based upon family, parent, and individual needs. It also allows the state to encroach in decisions of sexuality in a manner that infringes upon individual rights. Please do not approve this regulation.

Commenter: Mark Starcher and Paige Weber 8/7/19 7:41 pm

Ban Conversion Therapy

We support adopting licensing regulations that would ban the practice of so-called "conversion therapy" or sexual orientation or gender identity change efforts for LGBTQ+ minors. Such regulations would protect youths from these practices that are not only ineffective but harmful.

"Conversion therapy" is a dangerous and discredited practice based on the false idea that being LGBTQ is a mental illness that needs to be cured—a view with no scientific basis. A ban would protect young people from State-licensed therapists in Virginia falsely claiming to parents and youth that being LGBTQ is a mental illness, and thereby taking advantage of parents and harming vulnerable youths. These practices use rejection, shame, and psychological abuse to force young people to try and change who they are. The practices are known to be extremely dangerous and can lead to depression, decreased self-esteem, self-medication and substance abuse, and even suicide attempts.

No young person should be shamed by a mental health professional into thinking that who they are is wrong. Mental health professionals should provide care that is ethical and affirming for lesbian, gay, bisexual, and transgender young people. Please protect LGBTQ+ youth by banning "conversion therapy" and gender identity change practices.

Commenter: Pat Kolakoski 8/7/19 7:55 pm

Parents are the One and Only Educators of their Children

We all know that parents are the No. #1 educators of our children. This will never change from the beginning.

Commenter: Floyd Taylor 8/7/19 7:57 pm

Ban Conversion Therapy

There is no credible scientific organization that supports the concept of conversion therapy for members of the LGBT community. They are stridently against it. Allowing conversion therapy because a therapist wants to practice outside the guidelines of any professional organization would be the same as allowing an oncologist to treat a cancer patient with laetrile. It is harmful and it is unsupported by any scientific studies. Follow the science. Follow the research. There is simply no basis for conversion therapy. If there were, let the supporters submit to it, and be converted to become gay. They know that it doesn't work, but support it because of their own biases and

bigotry. It must be banned. Any other decision would be counter to the available scientific evidence that you must rely on. Ban this barbaric treatment.

Commenter: Ed Hopkins 8/7/19 8:03 pm

Protect Parental and Professional Rights

It is my understanding that a proposed change would prevent licensed counselors, or religious professionals from providing counseling that might seek to change a person's perceived sexual orientation. It should be clear that such an outright ban would infringe upon many rights--especially those of the person who is seeking to have an orientation changed. It is best to allow those closest to the person needing help--parents, family, pastors, and professional counselors to make such decisions, without the interference of a state bureaucracy.

Commenter: Barbara Campbell 8/7/19 8:08 pm

Protect Parental Rights

Commenter: Susan Henebery 8/7/19 8:09 pm

Protect parental rights

Commenter: Rebecca Ing 8/7/19 8:16 pm

Protect parental rights

Parents are closest to their child's challenges; they are in the best position to make health care decisions involving the well being their child.

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

The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues

Commenter: Daniel Cotter 8/7/19 8:20 pm

Parental Rights / Religious Freedom

Please do not make any new regulations that interfere with the way parents decide to raise their children -- especially when the result is to infringe on religious freedom. Please keep big brother away from our kids.

Commenter: A. Truslow 8/7/19 8:32 pm

Protect the Rights of Parents

Every situation is unique, and it should be up to parents to make decisions for their children and to seek the kind of help that they may think their child needs. You don't know what's going on in the head of every child that may have a same sex attraction and no one can say whether it's a permanent feeling they'll have. Parents are closer to their children than some random government bureaucrats...let parents take care of their children as they see fit.

Commenter: Josh Hetzler, Legislative Counsel, The Family Foundation of Virginia 8/7/19 8:33 pm

Abandon This Illegal and Harmful Regulation

I write to express The Family Foundation of Virginia's opposition to the Board's proposed regulation to penalize licensed professionals for facilitating the conversation-based process of so-called "conversion therapy." Such regulation would not only create numerous ethical and moral harms for licensed professionals and many developmental harms to children, but it is overtly at odds with the laws of Virginia and the Constitution of the United States.

To begin with, the Virginia Code expressly provides that parents, not the government and its regulatory agencies, possess a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child." Va. Code § 1-240.1 The effect of this regulation, however, would directly and profoundly diminish Virginia parents' ability to make decisions concerning the upbringing, education, and care of their child by denying them the choice of obtaining the help their child may need and desire.

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

The Board's policy as expressed in this proposed regulation would also be unconstitutional under the U.S. Constitution because it would infringe on the free speech rights of professionals licensed by this Board by threatening to punish them merely for speaking certain messages with which the Board (i.e. the government) disfavors. In 2018, the U.S. Supreme Court rejected the state of California's claim that so-called "professional speech" receives less First Amendment protection than ordinary speech, stating that: "This Court has not recognized 'professional speech' as a separate category of speech. Speech is not unprotected merely because it is uttered by 'professionals.'" National Institute of Family and Life Advocates (NIFLA) v. Becerra, 138 S. Ct. 2361, 2371-72 (2018).

The Supreme Court's opinion highlighted three cases – two of which involved state bans on so-called "conversion therapy" for minors – as being erroneously decided for holding that counseling was afforded less constitutional protection as a matter of free speech. As a result, the lower court cases upholding bans on "conversion therapy" were effectively overruled. Because this policy would effectively censor the protected speech of licensed professionals in Virginia (including otherwise ordinary talk therapy), it would not likely survive a legal challenge. If this Board does go forward with such a blatant violation of licensed professionals' constitutionally protected free speech, it should expect numerous legal challenges. Moreover, the Board should be aware that if and when such Plaintiffs prevail in those legal challenges on constitutional grounds, the Board will most likely be required to pay the Plaintiffs' attorneys fees.

Forbidding the practice of so-called "conversion therapy" (i.e. talk therapy) to licensed professionals, as the Board's recently adopted Guidance Document defines that term, goes much too far in its attempt to address the purely hypothetical concerns some have raised. (It is worth noting that no known complaint has ever been received by any of the health regulatory boards concerning what it defines as "conversion therapy," a fact established by consensus during VDH's initial 2018 brainstorming meeting on this topic with representatives of at least five health

regulatory boards.) As this term is now over-broadly and vaguely defined, it "compels individuals to contradict their most deeply held beliefs, beliefs grounded in basic philosophical, ethical, or religious precepts, or all of these." See NIFLA v. Becerra, 138 S. Ct. 2361, 2379 (Kennedy, J., concurring). That is something this Board has no authority to do.

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

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

Commenter: Joanne Kohlhaas 8/7/19 8:36 pm

Protect Constitutional Rights of Parents

Don't usurp the rights of parents by banning conversion therapy.

Commenter: Steven Scheerbaum 8/7/19 8:38 pm

Protect Parental Rights

As a devout Catholic parent, it is with great sadness that our lawmakers are looking into placing a ban on *"any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to… reduce sexual or romantic attractions or feelings toward individuals of any gender."*

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the well-being of their child.
- Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children.
- Some young people may have attractions they desire to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, there should be options for families to make informed decisions.
- The proposed ban would deny families the freedom to seek counseling aligned with their faith.
- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: Gregory Robinson 8/7/19 8:39 pm

Protect parental rights

Commenter: Dr. Guy Sands-Pingot, Brigadier General (Retired) 8/7/19 8:45 pm

Unconstitutional Regulations that Usurp the GA Authority

- Parents are closest to their child's challenges; they are in the best position to make healthcare decisions involving the wellbeing of their child.
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- Licensed professionals with years of education and experience should not be removed from the process of helping children work through these sensitive and deeply personal issues.

Commenter: ALETA E STRICKLAND EDS, NCSP, Licensed School Psychologist 8/7/19 9:00 pm

Ban the abusive practice known as conversion therapy

I am strongly opposed to allowing continued child abuse in the Commonwealth of Virginia. Conversion therapy is a misnomer as it is not therapy but torture on minors. Conversion therapy is junk science that falsely claims to be able to change a person's sexual orientation, or gender identity or expression. Do you believe a straight person can be shamed into being gay? Of course not. The converse is also true. A gay person cannot be shamed or beaten into being straight. This practice is fraudulent and in direct violation of the Federal Trade Commission Act.

That conversion therapy is abuse is not an unsubstantiated opinion. This cruelty has been condemned by nearly all major medical and mental health organizations. They include but are not limited to the American Psychological Association, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Medical Association, the American Osteopathic Association, the American Academy of Nursing, the American College of Physicians, the American Counseling Association, the American Association for Marriage and Family Therapy, the American Psychoanalytic Association, the National Association of Social Workers, the American School Health Association, the American School Counselor Association, and the National Association of School Psychologists. Any ethical practitioner should never be taking part in any such practice or receiving insurance reimbursement.

Other states have followed the guidance of experts and banned this torment including New Jersey, California, Oregon, Illinois, Vermont, New Mexico, Connecticut, Rhode Island, Nevada, Washington, Hawaii, Delaware, Maryland, New Hampshire, New York, Massachusetts, Maine, and Colorado. It is time that our great Commonwealth stood up for what is right as well.

Parents do not have the right to abuse their children. Religious leaders do not have the right to abuse children. Parents do not have the right to give permission for someone else to abuse their child. Licensed practitioners are ethically banned from such practice. Let's make it legally banned as well. Do not choose to fail our vulnerable children and take advantage of parents.

The only proven result in children subjected to this torture is that they are more likely to attempt and/or complete suicide. I can only wonder if this is the intent of those who support, endorse, and practice "conversion therapy".

Commenter: Todd Gathje, Ph.D., The Family Foundation 8/7/19 9:20 pm

Don't Prohibit Talk Therapy

Don't Prohibit Biologically Affirming Counseling
The Family Foundation of Virginia urges the Board of Psychology to not pursue any regulatory action that prohibits the professional use of talk therapy. This proposed regulatory action would generate severe consequences for patients and professional counselors or psychologists.
Denies Services Desired by Patients

The proposed regulation would prevent children and adolescents from being able to receive the proper and desired care they need to relieve them of any distress from *unwanted* same-sex attractions or gender dysphoria, which could lead to severe outcomes, including bodily harm. Prohibitions on talk therapies – which this regulatory action effectively creates – would prevent minors from receiving the guidance they seek by preventing licensed professionals from recognizing their minor client's right to control the goals and direction of his or her life.

Furthermore, the policy appears to imply that all children are sufficiently mature and autonomous to determine, permanently and without question, both their gender and sexual identification. If that is so, then it must be equally true that they are sufficiently mature and autonomous to consent to receiving guidance to overcome unwanted feelings or confusion about these same matters. The very essence of the regulatory action would prevent counselors from fulfilling their ethical duty to respect patient autonomy.

Usurps Parental Rights

This regulation would be in direct conflict with Virginia law, which makes clear that parents, not the government and its regulatory agencies, have a "fundamental right to make decisions concerning the upbringing, education, and care of the parent's child" (§ 1-240.1 of the *Code of Virginia*). This includes seeking the most viable form of treatment.

Violates Counselor Free Speech

Furthermore, the proposed regulation would violate the free speech rights of licensed medical professionals by employing viewpoint-based restrictions on speech, or more commonly "viewpoint discrimination." Illegitimate viewpoint discrimination is clearly evident in the draft regulation. While psychologists would be free to support and encourage patients to explore their sexuality in various ways, even to the point of undergoing physical bodily changes, they are simultaneously prohibited from encouraging and supporting a person to affirm and embrace natural sexual expressions and in the physical body they were born in. Under this proposed policy, those who do will face state-imposed loss of their professional license.

Professional psychologists/counselors likewise have a duty to deal truthfully with their minor clients. This surely encompasses life's most fundamental truths, such as the known biological (as well as non-biological) differences between males and females. For licensed professionals who acknowledge these truths, being compelled to repress them when in contact with a minor client would inevitably create for them real ethical dilemmas.

Contradicts the General Assembly

While administrative agencies can promulgate rules and policies to carry out duties delegated by the General Assembly, they cannot do so outside the statutory parameters established by it. In fact, the General Assembly has specifically and repeatedly rejected proposed bans on so-called "conversion therapy" for numerous years, and as recently as 2018 (HB 363, Delegate Hope; SB 245 Senator Surovell) through the committee process.

This proposed regulation, therefore, is clearly an administrative action in direct contravention of the will and intentions of the General Assembly.

Commenter: Aleta Strickland 8/7/19 9:48 pm

More than one once prominent 'conversion therapist' will now "pursue life as a gay man".

I realized I had to make substantial changes in my life. I realized I couldn't stay in my marriage any longer. And I realized that it was time for me to affirm myself as gay," David Matheson wrote. Matheson, who was married to a woman for 34 years and is now divorced, also confirmed that he is now dating men.

Matheson acknowledged his work has hurt some people. To those who feel harmed by his past work, he relayed a message: "I unequivocally apologize".

Truth Wins Out founder Wayne Besen, a longtime anti-conversion-therapy activist and former investigative journalist, referred to Matheson as a figure who many in the "conversion therapy" movement looked to as "the intellectual godfather." "When they wanted an expert, they would go to him," Besen said, "and when your expert is now coming out of the closet and dating men, I think that speaks volumes about how reparative therapy is damaging and ineffective."

"I would like to see someone more contrite and willing to reach out and help the people whose lives he's ruined," Besen said. "I'd also like to see him consider refunding the money to the people that he bilked out of their paychecks for therapy that clearly wasn't even working for himself."

Matheson is far from the only 'ex-gay therapist' who has either come out as gay or been exposed for living a double life. In 2000, "conversion therapy" advocate and "success story" John Paulk was photographed at a Washington D.C. gay bar; a decade later he issued a formal apology for his "ex-gay" past. Alan Chambers, former president of the now defunct "conversion therapy" organization Exodus International, apologized to the LGBTQ community in 2013 after he acknowledged he was attracted to men. And just two months ago, Truth Wins Out exposed "ex-gay therapist" Norman Goldwasser after it allegedly discovered him soliciting men on gay dating apps.

"It's a whole different world, and what really makes me happy about it is how congruent it feels to me now," Matheson explained. "It feels like I'm in the right place."

https://www.nbcnews.com/feature/nbc-out/once-prominent-conversion-therapist-will-now-pursue-life-gay-man-n961766

Commenter: David Chopski 8/7/19 9:49 pm

No ban

Parents know best. The general assembly agrees. Do not interfere with accepted healthcare practice to pander to a minority view. DO NOT ENACT THE BAN!

Commenter: Tricia Chopski 8/7/19 9:57 pm

A mother knows

A true mother always acts in the best interest of their child. She teaches right from wrong. This society has gone crazy. A child can be mislead so easily. Do not ban necessary treatments because someone thinks wrong.

Commenter: JC 8/7/19 10:26 pm

Counseling should be a choice

The proposed ban would deny families the freedom to seek counseling aligned with their faith and I oppose such. Counseling should be able to be chosen to align with values.

Commenter: Norman Birthmark 8/7/19 10:35 pm

Conversion Therapy Harmed Me and Must Be Stopped

I was referred to a licensed professional therapist in my state when I was 19-years-old. I never had counseling before and trusted the professional therapist's expertise. However, the more I committed myself to this therapist, the more I eventually realized the counseling to repress and change my orientation was far more harmful than helpful.

Instead of empowering or affirming me, I felt more guilt and shame about my attractions. I was counseled to question the supposed "root causes" of my attractions. Before the counseling, I was proud of the way I was raised; however, the therapy convinced me that my attractions were a sign that I came from a "broken home". Before the counseling, I felt like a relatively normal guy; however, the therapy convinced me that I was "sexually broken".

The reason I feel this bill is so important to pass is that I know personally that conversion therapy can cause great harm. No LGBTQ person should be told by a professional therapist to be ashamed of their normal, healthy attractions. Being gay, lesbian, bisexual or transgender is not a disorder that needs of treatment. The state should protect LGBTQ people from this harmful, unproven, and unneeded supposed therapy.

Commenter: Robert Marshall 8/7/19 10:38 pm

Proposed Counseing Prohibition

If we truly care about our young people we should not prohibit professional counselors from cautioning against practices as described in the following medical journal article retrieved from the National Library of Medicine of the United States Public Health Service.

Beyond Anal Sex: Sexual Practices among MSM and Associations with HIV and Other Sexually Transmitted Infections

Cara E. Rice, PhD, MPH1, Courtney Maierhofer, MPH2, Karen S. Fields, BSN3, Melissa Ervin, MT (ASCP)3, Stephanie T. Lanza, PhD1, and Abigail Norris Turner, PhD, MPH2 1Department of Biobehavioral Health, The Methodology Center, College of Health and Human Development, The Pennsylvania State University, University Park, PA, USA

2Division of Infectious Diseases, College of Medicine, The Ohio State University, Columbus, OH, USA

3Sexual Health Clinic, Columbus Public Health, Columbus, OH, USA

J Sex Med. 2016 March ; 13(3): 374–382. doi:10.1016/j.jsxm.2016.01.001

Abstract Aim—Unprotected anal intercourse is often used as a single indicator of risky behavior among men who have sex with men (MSM), yet MSM engage in a variety of behaviors which have unknown associations with sexually transmitted infection (STI) and HIV. We assessed the prevalence of a wide range of sexual behaviors as well as their associations with prevalent STI and HIV.

Methods—We used a standardized, self-administered survey to collect behavioral data for this cross-sectional study of 235 MSM seeking care in a public STD clinic. Using modified Poisson regression, we generated unadjusted and adjusted prevalence ratios (PRs) to characterize associations between recent participation in each behavior and prevalent STI and HIV.

Results—Participants' median age was 26 years. One-third (35%) were STI-positive. STI prevalence was significantly associated with using sex slings (adjusted prevalence ratio (aPR): 2.35), felching (aPR: 2.22), group sex (aPR: 1.86), fisting (aPR: 1.78), anonymous sex (aPR:

1.51), and sex toys (aPR: 1.46). HIV prevalence was 17% and was significantly associated with fisting (aPR: 4.75), felching (aPR: 4.22), enemas (aPR: 3.65), and group sex (aPR: 1.92).

Conclusions—Multiple behaviors were significantly associated with prevalent STI and HIV in adjusted analyses. To provide a more comprehensive understanding of sexual risk among MSM, prospective studies are needed to examine whether these behaviors are causally associated with HIV/STI acquisition.

HHS Public Access Author manuscript J Sex Med. Author manuscript; available in PMC 2017 March 01.

Commenter: Susan Palmer 8/7/19 10:41 pm

Ban forced conversion therapy

Conversion therapy has been proven to be ineffective. Children should not be forced into a therapy because parents are disappointed their child is gay. Banning an ineffective therapy is not the same as taking away useful help & counseling for children that seek/need it.

Commenter: N. J. Shore, MSW 8/7/19 10:44 pm

Your ban is a regulatory overreach

This proposal is possibly unconstitutional. It is at the very least unwise as written. A young person and his family needs to be able to explore all possibilities in thecomplrx world of sexuality and sexual feelings. Parents have the right to help form their own children's moral conscience, which is by no means abusive. In our oversexualized culture, a young person can easily have considerable confusion over their identity and their developing feelings. The final answer is not yet in on all the factors at play in an adult identity. Counseling on moral behavior, such as is defined by a church or faith tradition, is something short of abusive, and can help ca young person clarify for himself where he stands and what is possible. Sexual identity is complex, and very often not a finished issue for many years. Do not limit what a professional can explore with a minor, in either direction.

Commenter: Alicia Smith 8/7/19 10:48 pm

Protect Parental Rights for well being of children

Please protect a parent's right to choose from a variety of healthcare options in regard to the well being of their children. Parents and the licensed professionals serving them should be free to assess a child's needs and tailor treatment without limiting or interference by the state. A parent's fundamental right to make decisions regarding the upbringing, education and care of their children must not be compromised by the bureaucracy of the state.

Commenter: Daniel White 8/7/19 10:49 pm

This Ban Intended to Stifle Science

Commenter: Patricia Hagan, Unity of Fairfax 8/7/19 10:49 pm

Ban forced "conversion therapy"

Gentlepersons:

I am writing today to express my concern that conversion therapy for children under 18 who are members of the LGBTQ community is still allowed in the Commonwealth of Virginia. It is harmful and dangerous to the child and it doesn't work. Most importantly, there's nothing wrong with being gay. It's simply the way some people are born. Conversion therapy makes children who may already be struggling with being different, think that they are ill and need to be "fixed" through conversion therapy. It doesn't work and has horrific emotional effects on the child!

Side by Side, is a 25-year old organization that works with LGBTQ children. In their paper, "Why Conversion Therapy Doesn't Work," they quote Robert Spitzer, a former researcher and supporter of conversion therapy, as saying about the practice: "...the simple fact is that there is no way to determine if the participants' accounts of change were valid. I believe I owe the gay community an apology for my study making unproven claims of the efficacy of reparative therapy. I also apologize to any gay person who wasted time and energy undergoing some form of reparative therapy because they believed that I had proven that reparative therapy works..." [Citation: Darlene Bogle, Michael Bussee, and Jeremy Marks, Apology From Ex-Gay Leaders https://beyondexgay.com/article/apology.html] If someone like Spitzer now denounces it, why is conversion therapy still being allowed?

In that same publication, they also quote the American Association of Pediatrics as stating that "... LGBTQ+ people suffer from the homophobia and transphobia inherent in conversion therapy. This marginalization negatively affects health, mental health, and educational experiences. Other negative impacts of conversion therapy include depression, thoughts and attempts of suicide, substance abuse, social anxiety, altered body image, and other mental health issues." [Citation: Sandra G. Hassink, MD, president of the American Academy of Pediatrics, Support Letter https://lieu.house.gov/sites/lieu.house.gov/files/documents/AAP%20support%20letter%20conversion%20therapy%20ban.Pdf]

There are numerous studies and historical archives to show that gay people have been in this world as long as we've had recorded history. I was actually taught that in the late 1960's in a class at what was then known as George Mason College of UVA. The professor referred to several studies showing that being gay was normal and accepted in ancient China. And indigenous Americans had four or five descriptions of gender depending on their tribes. If the ancients accepted it, why is it so difficult for people today who consider themselves to be well-educated to understand what is simply another normal way of life.

It's difficult enough growing up in today's world for all children regardless of their sexual orientation. Many children are in traditional therapy for anxieties and other actual life-related issues. To force a child into reparative therapy to "cure" them of something that isn't wrong should be considered malpractice and treated as such by the mental health community and state licensing officials.

Is it easy being gay? No, I have family members and friends who are gay. They have told me some of the issues they've had to face, and some are still facing. I also have friends who are now divorced from their former husbands and wives, the parents of their children, who were finally able to accept their own sexual identity. They came out to their partners and started living a life where they could be their whole, authentic self. Isn't that what all of us wants in this world? To be loved and accepted for who we are, exactly as we are? Members of the GLBTQ community are no different.

My Mother was the daughter of Polish immigrants and had to drop out of school at the age of 15. She was also a devout Catholic. Over 55 years ago she told me, "God doesn't make mistakes. Some people are just different than others." My Mother would be 110 years old if she was still with us and even she understood and accepted people as they were. Why are people who are trained "therapists" unwilling to see that and are still forcing conversion therapy upon children? Maybe instead, they need to work with the families to help them understand that their child is fine just the way they are.

Please OPPOSE so called conversion therapy in Virginia for youth under 18.

Sincerely,

Patricia S. Hagan

Commenter: Elizabeth Fogarty 8/7/19 10:53 pm

Ban Conversion Therapy

The AMA, the APA, and the AAP oppose so-called conversion or reparative therapy and so should Virginia. These "therapies" are damaging, unnecessary, and do not work. Being LGBTQ is not a disorder or illness.

Commenter: Daniel White 8/7/19 11:01 pm

Ban limits professional, parental, and scientific expression

By not difining what conversion therapy IS he banning it is overreach and would limit Drs in their legitimate search for the root of a child's behavior or expression. Define EXACTLY what should be banned then come back with a proposal to ban that. Don't propose to ban something not defined.

Commenter: Cathy Marshall 8/7/19 11:04 pm

Protect our Young People

Every parent knows that children often go through phases and with all of the constant pressure to conform to the latest fad and the media's repeated propaganda that science and biological reality can no longer be trusted to determine whether we are male or female, there is bound to be confusion and turmoil in families. No government official has the authority to repeal the right of a parent who truly loves his child from seeking professional help for that child if the parent deems the counseling is in the best interest of the child. Parents do not transfer their obligation to nurture and protect their children to any other person, entity or organization. I do not understand the motivation of those who seek to write regulations that would in effect decide what a parent can or cannot do in their own family! This is truly an attempt to make parents obsolete. I find it to be the absolute height of arrogance on the part of government officials who believe they know better than parents who love their children.

Commenter: Monica Dennison 8/7/19 11:06 pm

Golden Rule

- I simply cannot imagine someone attempting to convert me from being heterosexual to gay!Please ban conversion therapy at least for minors. If an adult chooses this sort of therapy, that is their perogative. text and enter your comments here. You are limited to apprl simply coximately 3000 words.

Commenter: Christina Gateley 8/7/19 11:08 pm

Conversion Therapy needs to be banned.

Conversion therapy is a dangerous and discredited practice that is based on the false claim that LGBTQ individuals have a mental illness that needs to be cured. These psychologically abusive practices are extremely dangerous and can lead to substance abuse and high levels of suicide/suicide attempts in vulnerable youth. Mental health officials should provide care that is ethical and affirming, and no young person should ever be shamed by a mental health provider to

change who they are.
Please ban conversion therapy to protect young people from therapists in Virginia who falsely claim to youth and parents that being LGBTQ is a mental illness

Commenter: Jennifer White 8/7/19 11:47 pm

Define conversion therapy before seeking ban

As a mother and a pediatric nurse, I am deeply troubled this proposal to ban conversion therapies BEFORE defining what is and is not part of the banned therapy. If the goal of the ban is truly to cause no harm and limit harm where is is foreseeable then there should be a clear definition of what this ban would encompass before a vote is held. Throughout therapy, a psychologist should have the ability to appropriately address concerns as they arise and to delve deeper when necessary to determine the root cause of a patient's struggles without fear of punishment. It would be a true harm to the patient, especially a child, to only address a part of their concerns while glossing over, covering up, or ignoring other parts instead of being able to determine how all of the concerns affect the child as a whole person.

Parents deserve the right to seek mental health counseling for their children that will allow the child to navigate, with the help of a psychologist, the root causes of an issues they are having where indicated as therapy progresses.

Bottom line- define what is and is not to be considered conversion therapy as it pertains to practicing psychologists BEFORE banning a therapy that is currently undefined.

Commenter: Christopher M. Wallace 8/7/19 11:48 pm

Proposed regulation to forbid parents from taking steps to change their children's sexual orientatio

As a citizen of the Commonwealth of Virginia and as a parent of 4 children, I vociferously oppose the proposed effort to make regulations forbidding parents from making efforts to change their children's sexual orientation.

Commenter: Lynne G. 8/7/19 11:53 pm

Protect Parental Rights

The proposed ban would deny families the freedom to seek counseling aligned with their faith. Teens need to mature in order to make prudent decisions; thus, Virginia has laws with minimum ages. The minimum age for buying tobacco was raised from 18 to 21 as of July 1, 2019 and alcohol also has a minimum age of 21. Interestingly, piercing and tattoos can be done with parental permission to someone younger than 18. These laws were made to prevent teens from making bad decisions. We must protect parental rights. Parents are closest to their children and must be allowed to make healthcare decisions involving their children. Please do not pass this proposal.

Commenter: Mark 8/7/19 11:54 pm

Great concerns on exercise of religion and safety of Virginians

As a proud Virginia citizen, I recognize Virginia among its many firsts, like the 400th Anniversary of the first representative legislative assembly in the western hemisphere; the Virginia Declaration of Rights (1776) to proclaim the inherent rights of men, including religious rights, passed over ten years before the Bill of Rights of the United States of America (1791; and the Virginia Statute for Religious Freedom (1770's) by Thomas Jefferson that guaranteed freedom of religion to people of all religious faiths, including Christians of all denominations, Jews, Muslims, and Hindus and was a notable precursor of the Establishment Clause and Free Exercise Clause of the First Amendment to the United States Constitution (Wikipedia). And both our Virginia Constitution via its Declaration

of Rights and our United States Declaration of Independence acknowledge the Creator, God, God with "laws [...] of Nature's God" and with self-evident truths to be, a Creator who endows us with certain unalienable (not changeable) rights. The founding fathers like Virginians George Wythe, Richard Henry Lee, Thomas Jefferson, Benjamin Harrison, Thomas Nelson, Jr., Francis Lightfoot Lee, and Carter Braxton appealed "to the Supreme Judge of the world for the rectitude of [their] intentions." And for the support of their Declaration they did so "with a firm reliance on the protection of Divine Providence."

The Statute for Religious Freedom is one of only three accomplishments Jefferson instructed be put in his epitaph. (www.virginiahistory.org) It recognized "Almighty God hath created the mind free;" and "That all attempts to influence it by temporal punishments or burthens, or by civil incapacitations tend only to beget habits of hypocrisy and meanness, and therefore are a departure from the plan of the holy author of our religion, who being Lord, both of body and mind yet chose not to propagate it by coercions on either, as was in his Almighty power to do."

I am greatly concerned that (1) the proposed action to specify in Virginia regulations that "the standard of practice requiring persons licensed, certified, or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" "precludes the provision of conversion therapy" will have great risk of adversely impacting the very stated purpose of government, which "is, or ought to be, instituted for the common benefit, protection, and security of the people, nation, or community protection" by risk of taking away the "protection of Divine Providence" because of potential and real departures from the plan of the holy author of our religion, and (2) the proposed action to specify in Virginia regulations as stated will prohibit the free exercise of religion.

Per Article VI of the United States Constitution "all executive and judicial Officers, both of the United States and of the several States," like Jaime Hoyle, Executive Director, Board of Counseling, "shall be bound by Oath or Affirmation, to support this Constitution." And by Article II of the Virginia Constitution, Section 7. Oath or affirmation. "All officers elected or appointed under or pursuant to this Constitution [like Jaime Hoyle] shall, before they enter on the performance of their public duties, severally take and subscribe the following oath or affirmation: "I do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the Commonwealth of Virginia, and that I will faithfully and impartially discharge all the duties incumbent upon me as ....., according to the best of my ability (so help me God)." Thus, the U. S. Constitution and First Amendment appear to be mandatory to follow. My understanding also is that since the Fourteenth Amendment was added to the U.S. Constitution, the U.S. Supreme Court has gradually used the due process clause to apply most of the Bill of Rights to state governments. Thus, the First Amendment now covers actions by federal, state, and local governments. The First Amendment says about religion "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof."

John Ash's "New and Complete Dictionary of the English Language" (1775) defines religion as "the true fear of God in the heart; a particular system of divine faith and worship."

We have serious sexual-related problems in the U. S. The U.S. Department of Justice Office of Justice Programs 2009 https://www.ncjrs.gov/pdffiles1/ojjdp/227763.pdf "The victimization of youth by adult sex offenders has been an ongoing concern for some time. Although all crimes constitute an assault on civilization, the criminal violation of children is particularly disturbing. In recent years, there has been increased public interest in the incidence of sexual victimization of youth by other youth." "Juveniles account for more than one-third (35.6 percent) of those known to police to have committed sex offenses against minors." "More than two million cases of chlamydia, gonorrhea and syphilis were reported in the United States in 2016, the highest number ever, according to the annual Sexually Transmitted Disease Surveillance Report released today by the Centers for Disease Control and Prevention (CDC)." https://www.cdc.gov/media/releases/2017/p0926-std-prevention.html "The vast majority of mass shooters in our study experienced early childhood trauma and exposure to violence at a young age. The nature of their exposure included parental suicide, physical or sexual abuse, neglect, domestic violence, and/or severe bullying." Los Angeles Times (https://www.latimes.com/opinion/story/2019-08-04/el-paso-dayton-gilroy-mass-shooters-data) "Studies have found that GLBT youth attempt suicide more than 3 times more frequently than their heterosexual counterparts. A Canadian study estimated that the risk of suicide among LGB youth is 14 times higher than for heterosexual youth." (https://www.healthyplace.com/gender/glbt-mental-health/homosexuality-and-suicide-lgbt-suicide-a-serious-issue)

And yet we have a God, Almighty God, Divine Providence, Creator, who according to God's word in the Bible, Exodus 15:11: "Who is like you, O LORD, among the gods? Who is like you, majestic in holiness, awesome in glorious deeds, doing wonders?" Or in "2 Kings 20:1-6 In those days Hezekiah became sick and was at the point of death. Isaiah the prophet the son of Amoz came to him and said to him, "Thus says the Lord, Set your house in order, for you shall die; you shall not recover.'" Then Hezekiah turned his face to the wall and prayed to the Lord, saying, "Now, O Lord, please remember how I have walked before you in faithfulness and with a whole heart, and have done what is good in your sight." And Hezekiah wept bitterly. And before Isaiah had gone out of the middle court, the word of the Lord came to him: "Turn back, and say to Hezekiah the leader of my people, Thus says the Lord, the God of David your father: I have heard your prayer; I have seen your tears. Behold, I will heal you. On the third day you shall go up to the house of the Lord, and I will add fifteen years to your life."

The Virginia Code § 54.1-3500. Definitions "Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health." ""Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities." ""Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development."

The American Medical Association (AMA) issue brief https://www.ama-assn.org/system/files/2019-03/transgender-conversion-issue-brief.pdf states "Conversion therapy" refers to any form of interventions, such as individual or group, behavioral, cognitive or milieu/environmental operations, which attempt to change an individual's sexual orientation or sexual behaviors (sexual orientation change efforts [SOCE]) or an individual's gender identity (gender identify change efforts [GICE])" citing John Bancroft, et al., Peer Commentaries on Spitzer, 32 Archives of Sexual Behavior 5, 419-68 (Oct. 2003). The AMA paper notes "Practitioners of change efforts may employ techniques including: • Aversive conditioning (e.g., electric shock, deprivation of food and liquids, smelling salts and chemically induced nausea)• Biofeedback• Hypnosis• Masturbation reconditioning• Psychotherapy or systematic desensitization."

Religious counselors don't do these things. They use the power of God's word "All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, 17 that the man of God[b] may be complete, equipped for every good work." 2 Timothy 3. They use prayer. To address emotional, or behavioral disorders and associated distresses that interfere with mental health and development, by the standards of God's word – Divine Providence.

The Virginia Guidance document 115-10 uses a different definition: "For the purposes of this guidance "conversion therapy" or "sexual orientation change efforts" is defined as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the any gender."

God tells us in His Word that "God said, "Let us make man in our image, after our likeness. And let them have dominion over the fish of the sea and over the birds of the heavens and over the livestock and over all the earth and over every creeping thing that creeps on the earth. So God created man in his own image, in the image of God he created him; male and female he created them." Thus gender identity is what God creates, and is religion as "the true fear of God in the heart; a particular system of divine faith and worship" means we must be allowed to rely on the power of God and let man, men and women, have the true fear of God in our hearts."

2016 report from the think tank Theos (www.theosthinktank.co.uk) considers the relationship between 'religion' and 'well-being'. Starting with what can be meant by these terms, the Theos researchers assess the evidence and tease out some of the reasons for it. "Religion and Well-being: Assessing the evidence evaluates the evidence from nearly 140 academic studies conducted over the last three decades examining the relationship between religion and well-being

in a wide range of countries and contexts. "Across the majority of these studies, the data show a positive correlation between religion and well-being." God is able!

God's power to change hearts is clear: Romans 8 "By sending his own Son in the likeness of sinful flesh and for sin, he condemned sin in the flesh, in order that the righteous requirement of the law might be fulfilled in us, who walk not according to the flesh but according to the Spirit. For those who live according to the flesh set their minds on the things of the flesh, but those who live according to the Spirit set their minds on the things of the Spirit. For to set the mind on the flesh is death, but to set the mind on the Spirit is life and peace. For the mind that is set on the flesh is hostile to God, for it does not submit to God's law; indeed, it cannot. Those who are in the flesh cannot please God."

"You, however, are not in the flesh but in the Spirit, if in fact the Spirit of God dwells in you. Anyone who does not have the Spirit of Christ does not belong to him. But if Christ is in you, although the body is dead because of sin, the Spirit is life because of righteousness. If the Spirit of him who raised Jesus from the dead dwells in you, he who raised Christ Jesus from the dead will also give life to your mortal bodies through his Spirit who dwells in you."

Let religion counsel under the Word and Power of God - do not block it. Let God protect us by his common grace - do not go against God's word and power.

Project 5824 - NOIRA

BOARD OF PSYCHOLOGY

Unprofessional conduct/conversion therapy

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 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

"Candidate for licensure" means a person who has satisfactorily completed the appropriate educational and experience requirements for licensure and has been deemed eligible by the board to sit for the required examinations.

"Conversion therapy" means any practice or treatment that is aimed at changing an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of any gender. Conversion therapy does not include:

1. Psychological services that provide assistance to a person undergoing gender transition; or

2. Psychological services that provide acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such services do not seek to change an individual's sexual orientation or gender identity.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"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.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

Part VI

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;

2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;

3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

5. Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;

6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);

7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;

8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;

9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;

10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;

11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;

12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;

13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; ~~and~~

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology; and

16. Not engage in conversion therapy with any person under 18 years of age.

Board action: Amendment to fee for returned checks

Included in agenda package:

Applicable sections of the Code of Virginia

Revised Fee section

Staff note:

Auditors from the Office of the Comptroller have advised DHP that we should be charging $50 for a returned check, rather than the current $35. That amount was based on language in § 2.2-614.1. However, § 2.2-4805 (from the Va. Debt Collection Act) requires the fee for a returned check to be $50.

Board counsel for DHP boards has advised that the handling fee of $50 in Virginia Code 2.2-4805 governs. Section 2.2-614.1 states that a "penalty of $35 or the amount of any costs, **whichever is greater**," shall be imposed. By amending § 2.2-4805 in 2009, the General Assembly determined that the costs, in the form of a "handling fee," is $50, and thus greater than the $35 penalty imposed under 2.2-614.1.

Therefore, all board regulations will need to be amended to reflect the higher "handling" fee.

Code of Virginia
Title 2.2. Administration of Government
Chapter 48. Virginia Debt Collection Act

§ 2.2-4805. Interest, administrative charges and penalty fees

A. Each state agency and institution may charge interest on all past due accounts receivable in accordance with guidelines adopted by the Department of Accounts. Each past due accounts receivable may also be charged an additional amount that shall approximate the administrative costs arising under § 2.2-4806. Agencies and institutions may also assess late penalty fees, not in excess of ten percent of the past-due account on past-due accounts receivable. The Department of Accounts shall adopt regulations concerning the imposition of administrative charges and late penalty fees.

B. Failure to pay in full at the time goods, services, or treatment are rendered by the Commonwealth or when billed for a debt owed to any agency of the Commonwealth shall result in the imposition of interest at the judgment rate as provided in § 6.2-302 on the unpaid balance unless a higher interest rate is authorized by contract with the debtor or provided otherwise by statute. Interest shall begin to accrue on the 60th day after the date of the initial written demand for payment. A public institution of higher education in the Commonwealth may elect to impose a late fee in addition to, or in lieu of, interest for such time as the institution retains the claim pursuant to subsection D of § 2.2-4806. Returned checks or dishonored credit card or debit card payments shall incur a handling fee of $50 unless a higher amount is authorized by statute to be added to the principal account balance.

C. If the matter is referred for collection to the Division, the debtor shall be liable for reasonable attorney fees unless higher attorney fees are authorized by contract with the debtor.

D. A request for or acceptance of goods or services from the Commonwealth, including medical treatment, shall be deemed to be acceptance of the terms specified in this section.

1988, c. 544, § 2.1-732; 2001, c. 844;2009, c. 797.

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

Code of Virginia
Title 2.2. Administration of Government
Chapter 6. General Provisions

§ 2.2-614.1. Authority to accept revenue by commercially acceptable means; service charge; bad check charge.

A. Subject to § 19.2-353.3, any public body that is responsible for revenue collection, including, but not limited to, taxes, interest, penalties, fees, fines or other charges, may accept payment of any amount due by any commercially acceptable means, including, but not limited to, checks, credit cards, debit cards, and electronic funds transfers.

B. The public body may add to any amount due a sum, not to exceed the amount charged to that public body for acceptance of any payment by a means that incurs a charge to that public body or the amount negotiated and agreed to in a contract with that public body, whichever is less. Any state agency imposing such additional charges shall waive them when the use of these means of payment reduces processing costs and losses due to bad checks or other receivable costs by an amount equal to or greater than the amount of such additional charges.

C. If any check or other means of payment tendered to a public body in the course of its duties is not paid by the financial institution on which it is drawn, because of insufficient funds in the account of the drawer, no account is in the name of the drawer, or the account of the drawer is closed, and the check or other means of payment is returned to the public body unpaid, the amount thereof shall be charged to the person on whose account it was received, and his liability and that of his sureties, shall be as if he had never offered any such payment. A penalty of $35 or the amount of any costs, whichever is greater, shall be added to such amount. This penalty shall be in addition to any other penalty provided by law, except the penalty imposed by § 58.1-12 shall not apply.

2002, c. 719; 2004, c. 565.

Project 6172 - none

BOARD OF PSYCHOLOGY

Handling fee

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
1. Registration of residency (per residency request)	$50	- -
2. Add or change supervisor	$25	- -
3. Application processing and initial licensure	$200	$85
4. Annual renewal of active license	$140	$70
5. Annual renewal of inactive license	$70	$35
6. Late renewal	$50	$25
7. Verification of license to another jurisdiction	$25	$25
8. Duplicate license	$5	$5
9. Additional or replacement wall certificate	$15	$15
10. ~~Returned check~~ Handling fee for returned check or dishonored credit card or debit card	~~$35~~ $50	~~$35~~ $50
11. Reinstatement of a lapsed license	$270	$125
12. Reinstatement following revocation or suspension	$500	$500

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

C. Between May 1, 2018, and June 30, 2018, the following renewal fees shall be in effect:

1. For an active license as a clinical, applied, or school psychologist, it shall be $84. For an inactive license as a clinical, applied, or school psychologist, it shall be $42.

2. For an active license as a school psychologist-limited, it shall be $42. For an inactive license as a school psychologist-limited, it shall be $21.

18VAC125-30-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of sex offender treatment providers:

Registration of supervision	$50
Add or change supervisor	$25
Application processing and initial certification fee	$90
Certification renewal	$75
Duplicate certificate	$5
Late renewal	$25
Reinstatement of an expired certificate	$125
Replacement of or additional wall certificate	$15
~~Returned check~~ Handling fee for returned check or dishonored credit card or debit card	~~$35~~ $50
Reinstatement following revocation or suspension	$500
One-time reduction in fee for renewal on June 30, 2018	$45

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

Consideration

of

Fee Reduction

On

Renewals

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

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MEMORANDUM

TO: Members, Board of Psychology

FROM: David E. Brown, D.C.

DATE: May 13, 2019

SUBJECT: Revenue, Expenditures, & Cash Balance Analysis

Virginia law requires that an analysis of revenues and expenditures of each regulatory board be conducted at least biennially. If revenues and expenditures for a given board are more than 10% apart, the Board is required by law to adjust fees so that the fees are sufficient, but not excessive, to cover expenses. The action by the Board can be a fee increase, a fee decrease, or it can maintain the current fees.

The Board of Psychology ended the 2016 - 2018 biennium (July 1, 2016, through June 30, 2018) with a cash balance of $917,117. Current projections indicate that revenue for the 2018 - 2020 biennium (July 1, 2018, through June 30, 2020) will exceed expenditures by approximately $96,887. When combined with the Board's $917,117 cash balance as of June 30, 2018, the Board of Psychology projected cash balance on June 30, 2018, is $1,014,004.

To reduce the Board's projected cash surplus we recommend a one-time renewal fee decrease. Please note that these projections are based on internal agency assumptions and are, subject to change based on actions by the Governor, the General Assembly and other state agencies.

We are grateful for continued support and cooperation as we work together to manage the fiscal affairs of the Board and the Department.

Please do not hesitate to call me if you have questions.

CC: Jaime Hoyle, Executive Director
Lisa R. Hahn, Chief Operating Officer
Charles E. Giles, Budget Manager
Elaine Yeatts, Senior Policy Analyst

Department of Health Professions
Board of Psychology
FY20 - FY24 Cash Analysis

	Cvurrent Fees	One-Time Fee Reduction
FY20		
Board Cash Balance as June 30, 2019	1,034,433	1,034,433
Projected Revenue	620,045	452,795
Projected Direct and In-Direct Expenditures	573,968	573,968
Projected Cash Balance as of June 30, 2020	1,080,510	913,260
FY21		
Projected Cash Balance as of June 30, 2020	1,080,510	913,260
Projected Revenue	620,045	620,045
Projected Direct and In-Direct Expenditures	586,098	586,098
Projected Cash Balance as of June 30, 2021	1,114,457	947,207
FY22		
Projected Cash Balance as of June 30, 2021	1,114,457	947,207
Projected Revenue	620,045	620,045
Projected Direct and In-Direct Expenditures	619,981	619,981
Projected Cash Balance as of June 30, 2022	1,114,521	947,271
FY23		
Projected Cash Balance as of June 30, 2022	1,114,521	947,271
Projected Revenue	620,045	620,045
Projected Direct and In-Direct Expenditures	642,784	642,784
Projected Cash Balance as of June 30, 2023	1,091,782	924,532
FY24		
Projected Cash Balance as of June 30, 2023	1,091,782	924,532
Projected Revenue	620,045	620,045
Projected Direct and In-Direct Expenditures	653,846	653,846
Projected Cash Balance as of June 30, 2024	1,057,981	890,731

DHP

Board of Psychology One-Time
30% Renewal Fee Reduction

Effective FY20

Professions	Number of Licensees (a)	Current Renewal Fees	Projected Renewal Revenue using Current Fees	One-Time 30% Renewal Fee Reductions	Projected Renewal Revenue using One-Time Fee Reductions
Applied Psychologist					
Current Active	22	$ 140	$ 3,080	$ 100	$ 2,200
Current Inactive	4	70	280	50	200
					-
Clinical Psychologist					-
Current Active	3,495	140	489,300	100	349,500
Current Inactive	166	70	11,620	50	8,300
					-
School Psychologist					-
Current Active	90	140	12,600	100	9,000
Current Inactive	4	70	280	50	200
					-
School Psychologist-Limited					-
Current Active	563	70	39,410	50	28,150
Current Inactive	1	35	35	25	25
					-
Sex Offender Treatment Provider					-
Current Active	411	75	30,825	55	22,605
Total	4,756		$ 587,430		$ 420,180

Total Projected Renewal Fee Revenue Reduction 167,250

(a) as of September 30 ,2019

Financial Data Reports

For

August, 2019

And

September, 2019

	108- Psychology
Board Cash Balance as June 30, 2019	$ 1,034,433
YTD FY20 Revenue	27,325
Less: YTD FY20 Direct and Allocated Expenditures	107,200
Board Cash Balance as Augsut 31, 2019	$ 954,559

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	10,910.00	73,025.00	62,115.00	14.94%
4002406	License & Renewal Fee	11,825.00	539,030.00	527,205.00	2.19%
4002407	Dup. License Certificate Fee	165.00	115.00	(50.00)	143.48%
4002409	Board Endorsement - Out	750.00	2,050.00	1,300.00	36.59%
4002421	Monetary Penalty & Late Fees	3,675.00	5,755.00	2,080.00	63.86%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	Total Fee Revenue	27,325.00	620,045.00	592,720.00	4.41%
	Total Revenue	27,325.00	620,045.00	592,720.00	4.41%
5011110	Employer Retirement Contrib.	1,500.48	7,272.00	5,771.52	20.63%
5011120	Fed Old-Age Ins- Sal St Emp	848.19	4,115.00	3,266.81	20.61%
5011140	Group Insurance	145.40	705.00	559.60	20.62%
5011150	Medical/Hospitalization Ins.	1,717.50	8,244.00	6,526.50	20.83%
5011160	Retiree Medical/Hospitalizatn	129.85	630.00	500.15	20.61%
5011170	Long term Disability Ins	68.79	334.00	265.21	20.60%
	Total Employee Benefits	4,410.21	21,300.00	16,889.79	20.71%
5011200	Salaries				
5011230	Salaries, Classified	11,205.00	53,784.00	42,579.00	20.83%
	Total Salaries	11,205.00	53,784.00	42,579.00	20.83%
5011300	Special Payments				
5011340	Specified Per Diem Payment	100.00	2,350.00	2,250.00	4.26%
5011380	Deferred Compnstn Match Pmts	100.00	480.00	380.00	20.83%
	Total Special Payments	200.00	2,830.00	2,630.00	7.07%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	15,815.21	77,914.00	62,098.79	20.30%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	2,159.13	4,560.00	2,400.87	47.35%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	46.87	425.00	378.13	11.03%
5012190	Inbound Freight Services	15.00	-	(15.00)	0.00%
	Total Communication Services	2,221.00	5,239.00	3,018.00	42.39%
5012200	Employee Development Services				
5012210	Organization Memberships	-	2,750.00	2,750.00	0.00%
	Total Employee Development Services	-	2,750.00	2,750.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	9,966.39	8,270.00	(1,696.39)	120.51%
5012440	Management Services	25.85	330.00	304.15	7.83%
5012460	Public Infrmtnl & Relatn Svcs	40.00	-	(40.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Mgmnt and Informational Svcs	10,032.24	8,850.00	(1,182.24)	113.36%
5012600	**Support Services**				
5012640	**Food & Dietary Services**	42.80	432.00	389.20	9.91%
5012660	**Manual Labor Services**	35.92	427.00	391.08	8.41%
5012670	**Production Services**	91.15	935.00	843.85	9.75%
5012680	**Skilled Services**	1,266.68	13,815.00	12,548.32	9.17%
	Total Support Services	1,436.55	15,609.00	14,172.45	9.20%
5012800	**Transportation Services**				
5012820	**Travel, Personal Vehicle**	336.40	3,572.00	3,235.60	9.42%
5012850	**Travel, Subsistence & Lodging**	106.50	1,101.00	994.50	9.67%
5012880	**Trvl, Meal Reimb- Not Rprtble**	62.25	1,139.00	1,076.75	5.47%
	Total Transportation Services	505.15	5,812.00	5,306.85	8.69%
	Total Contractual Svs	14,194.94	38,260.00	24,065.06	37.10%
5013000	**Supplies And Materials**				
5013100	**Administrative Supplies**				
5013120	**Office Supplies**	191.58	348.00	156.42	55.05%
5013130	**Stationery and Forms**	25.41	1,554.00	1,528.59	1.64%
	Total Administrative Supplies	216.99	1,902.00	1,685.01	11.41%
5013500	**Repair and Maint. Supplies**				
5013520	**Custodial Repair & Maint Matrl**	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	**Residential Supplies**				
5013620	**Food and Dietary Supplies**	-	26.00	26.00	0.00%
5013630	**Food Service Supplies**	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	**Specific Use Supplies**				
5013730	**Computer Operating Supplies**	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	216.99	2,040.00	1,823.01	10.64%
5015000	**Continuous Charges**				
5015100	**Insurance-Fixed Assets**				
5015160	**Property Insurance**	31.33	32.00	0.67	97.91%
	Total Insurance-Fixed Assets	31.33	32.00	0.67	97.91%
5015300	**Operating Lease Payments**				
5015340	**Equipment Rentals**	53.50	540.00	486.50	9.91%
5015350	**Building Rentals**	3.60	-	(3.60)	0.00%
5015390	**Building Rentals - Non State**	1,058.64	6,662.00	5,603.36	15.89%
	Total Operating Lease Payments	1,115.74	7,202.00	6,086.26	15.49%
5015500	**Insurance-Operations**				
5015510	**General Liability Insurance**	112.46	120.00	7.54	93.72%
5015540	**Surety Bonds**	6.64	8.00	1.36	83.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Insurance-Operations	119.10	128.00	8.90	93.05%
	Total Continuous Charges	1,266.17	7,362.00	6,095.83	17.20%
5022000	**Equipment**				
5022200	**Educational & Cultural Equip**				
5022240	**Reference Equipment**	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	**Office Equipment**				
5022610	**Office Appurtenances**	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
5022700	**Specific Use Equipment**				
5022710	**Household Equipment**	5.81	-	(5.81)	0.00%
	Total Specific Use Equipment	5.81	-	(5.81)	0.00%
	Total Equipment	5.81	122.00	116.19	4.76%
	Total Expenditures	31,499.12	125,698.00	94,198.88	25.06%
	Allocated Expenditures				
20100	**Behavioral Science Exec**	25,050.74	138,765.60	113,714.87	18.05%
30100	**Data Center**	14,267.35	112,452.60	98,185.25	12.69%
30200	**Human Resources**	732.36	5,982.28	5,249.92	12.24%
30300	**Finance**	5,603.21	33,439.88	27,836.67	16.76%
30400	**Director's Office**	2,511.26	13,297.52	10,786.26	18.89%
30500	**Enforcement**	20,628.79	111,824.26	91,195.47	18.45%
30600	**Administrative Proceedings**	3,673.32	27,679.78	24,006.46	13.27%
30700	**Impaired Practitioners**	120.99	1,041.45	920.46	11.62%
30800	**Attorney General**	-	6,947.59	6,947.59	0.00%
30900	**Board of Health Professions**	1,943.02	9,675.89	7,732.87	20.08%
31100	**Maintenance and Repairs**	-	922.72	922.72	0.00%
31300	**Emp. Recognition Program**	1.75	198.01	196.26	0.89%
31400	**Conference Center**	20.08	221.14	201.05	9.08%
31500	**Pgm Devlpmnt & Implmentn**	1,147.59	5,690.92	4,543.33	20.17%
	Total Allocated Expenditures	75,700.46	468,139.65	392,439.19	16.17%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (79,874.58)	$ 26,207.35	$ 106,081.93	304.78%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	July	August	Total
4002400	Fee Revenue			
4002401	Application Fee	5,595.00	5,315.00	10,910.00
4002406	License & Renewal Fee	9,195.00	2,630.00	11,825.00
4002407	Dup. License Certificate Fee	110.00	55.00	165.00
4002409	Board Endorsement - Out	400.00	350.00	750.00
4002421	Monetary Penalty & Late Fees	3,075.00	600.00	3,675.00
	Total Fee Revenue	18,375.00	8,950.00	27,325.00
	Total Revenue	18,375.00	8,950.00	27,325.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	894.52	605.96	1,500.48
5011120	Fed Old-Age Ins- Sal St Emp	507.94	340.25	848.19
5011140	Group Insurance	86.68	58.72	145.40
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	1,717.50
5011160	Retiree Medical/Hospitalizatn	77.41	52.44	129.85
5011170	Long term Disability Ins	41.01	27.78	68.79
	Total Employee Benefits	2,638.06	1,772.15	4,410.21
5011200	Salaries			
5011230	Salaries, Classified	6,723.00	4,482.00	11,205.00
	Total Salaries	6,723.00	4,482.00	11,205.00
5011340	Specified Per Diem Payment	-	100.00	100.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	100.00
	Total Special Payments	60.00	140.00	200.00
	Total Personal Services	9,421.06	6,394.15	15,815.21
5012000	Contractual Svs			-
5012100	Communication Services			-
5012140	Postal Services	807.50	1,351.63	2,159.13
5012160	Telecommunications Svcs (VITA)	23.89	22.98	46.87
5012190	Inbound Freight Services	15.00	-	15.00
	Total Communication Services	846.39	1,374.61	2,221.00
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	151.33	9,815.06	9,966.39
5012440	Management Services	-	25.85	25.85
5012460	Public Infrmtnl & Relatn Svcs	14.00	26.00	40.00
	Total Mgmnt and Informational Svcs	165.33	9,866.91	10,032.24
5012600	Support Services			
5012640	Food & Dietary Services	-	42.80	42.80
5012660	Manual Labor Services	6.19	29.73	35.92
5012670	Production Services	-	91.15	91.15

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	July	August	Total
5012680	Skilled Services	708.34	558.34	1,266.68
	Total Support Services	714.53	722.02	1,436.55
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	336.40	336.40
5012850	Travel, Subsistence & Lodging	-	106.50	106.50
5012880	Trvl, Meal Reimb- Not Rprtble	-	62.25	62.25
	Total Transportation Services	-	505.15	505.15
	Total Contractual Svs	1,726.25	12,468.69	14,194.94
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013120	Office Supplies	112.48	79.10	191.58
5013130	Stationery and Forms	-	25.41	25.41
	Total Administrative Supplies	112.48	104.51	216.99
	Total Supplies And Materials	112.48	104.51	216.99
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-
5015160	Property Insurance	31.33	-	31.33
	Total Insurance-Fixed Assets	31.33	-	31.33
5015300	Operating Lease Payments			
5015340	Equipment Rentals	-	53.50	53.50
5015350	Building Rentals	3.60	-	3.60
5015390	Building Rentals - Non State	496.44	562.20	1,058.64
	Total Operating Lease Payments	500.04	615.70	1,115.74
5015500	Insurance-Operations			
5015510	General Liability Insurance	112.46	-	112.46
5015540	Surety Bonds	6.64	-	6.64
	Total Insurance-Operations	119.10	-	119.10
	Total Continuous Charges	650.47	615.70	1,266.17
5022000	Equipment			
5022710	Household Equipment	-	5.81	5.81
	Total Specific Use Equipment	-	5.81	5.81
	Total Equipment	-	5.81	5.81
5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	July	August	Total
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	11,910.26	19,588.86	31,499.12
	Allocated Expenditures			
20100	Behavioral Science Exec	14,794.40	10,256.33	25,050.74
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	6,877.10	7,390.25	14,267.35
30200	Human Resources	670.09	62.27	732.36
30300	Finance	3,125.02	2,478.19	5,603.21
30400	Director's Office	1,495.64	1,015.62	2,511.26
30500	Enforcement	12,569.55	8,059.24	20,628.79
30600	Administrative Proceedings	-	3,673.32	3,673.32
30700	Impaired Practitioners	75.00	45.98	120.99
30800	Attorney General	-	-	-
30900	Board of Health Professions	1,075.53	867.50	1,943.02
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Emp. Recognition Program	1.75	-	1.75
31400	Conference Center	6.01	14.07	20.08
31500	Pgm Dev\pmnt & Implmentn	636.77	510.81	1,147.59
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	41,326.88	34,373.59	75,700.46
	Net Revenue in Excess (Shortfall) of Expenditures	$ (34,862.14)	$ (45,012.45)	$ (79,874.58)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20100 - Behavioral Science Exec

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011110	Employer Retirement Contrib.	6,137.29	32,046.00	25,908.71	19.15%
5011120	Fed Old-Age Ins- Sal St Emp	3,504.45	18,133.00	14,628.55	19.33%
5011140	Group Insurance	629.43	3,105.00	2,475.57	20.27%
5011150	Medical/Hospitalization Ins.	13,515.00	64,872.00	51,357.00	20.83%
5011160	Retiree Medical/Hospitalizatn	562.17	2,774.00	2,211.83	20.27%
5011170	Long term Disability Ins	297.89	1,470.00	1,172.11	20.26%
	Total Employee Benefits	24,646.23	122,400.00	97,753.77	20.14%
5011200	Salaries				
5011230	Salaries, Classified	48,796.07	237,022.00	188,225.93	20.59%
	Total Salaries	48,796.07	237,022.00	188,225.93	20.59%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	25.00	1,440.00	1,415.00	1.74%
	Total Special Payments	25.00	1,440.00	1,415.00	1.74%
5011400	Wages				
5011410	Wages, General	1,368.00	-	(1,368.00)	0.00%
	Total Wages	1,368.00	-	(1,368.00)	0.00%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	358.79	-	(358.79)	0.00%
	Total Terminatn Personal Svce Costs	358.79	-	(358.79)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	75,194.09	360,862.00	285,667.91	20.84%
5012000	Contractual Svs				
5012100	Communication Services		-		
5012150	Printing Services	11.75	-	(11.75)	0.00%
5012160	Telecommunications Svcs (VITA)	592.88	5,000.00	4,407.12	11.86%
5012170	Telecomm. Svcs (Non-State)	112.50	-	(112.50)	0.00%
5012190	Inbound Freight Services	4.30	-	(4.30)	0.00%
	Total Communication Services	721.43	5,000.00	4,278.57	14.43%
5012600	Support Services				
5012630	Clerical Services	-	35,815.00	35,815.00	0.00%
	Total Support Services	-	35,815.00	35,815.00	0.00%
	Total Contractual Svs	721.43	40,815.00	40,093.57	1.77%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	-	537.00	537.00	0.00%
	Total Administrative Supplies	-	537.00	537.00	0.00%
5013600	Residential Supplies				
5013630	Food Service Supplies	-	19.00	19.00	0.00%
	Total Residential Supplies	-	19.00	19.00	0.00%
	Total Supplies And Materials	-	556.00	556.00	0.00%
5015000	Continuous Charges				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20100 - Behavioral Science Exec

For the Period Beginning July 1, 2019 and Ending August 31, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015300	**Operating Lease Payments**				
5015390	**Building Rentals - Non State**	7,586.93	47,742.00	40,155.07	15.89%
	Total Operating Lease Payments	7,586.93	47,742.00	40,155.07	15.89%
	Total Continuous Charges	7,586.93	47,742.00	40,155.07	15.89%
5022000	**Equipment**				
5022200	**Educational & Cultural Equip**	-			
5022240	**Reference Equipment**	-	16.00	16.00	0.00%
	Total Educational & Cultural Equip	-	16.00	16.00	0.00%
5022600	**Office Equipment**				
5022610	**Office Appurtenances**	-	27.00	27.00	0.00%
5022620	**Office Furniture**	-	8,900.00	8,900.00	0.00%
5022630	**Office Incidentals**	-	34.00	34.00	0.00%
5022640	**Office Machines**	-	3,600.00	3,600.00	0.00%
	Total Office Equipment	-	12,561.00	12,561.00	0.00%
	Total Equipment	-	12,577.00	12,577.00	0.00%
	Total Expenditures	83,502.45	462,552.00	379,049.55	18.05%

	108- Psychology
Board Cash Balance as June 30, 2019	$ 1,034,433
YTD FY20 Revenue	40,840
Less: YTD FY20 Direct and Allocated Expenditures	151,668
Board Cash Balance as September 30, 2019	$ 923,605

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	21,415.00	73,025.00	51,610.00	29.33%
4002406	License & Renewal Fee	14,085.00	539,030.00	524,945.00	2.61%
4002407	Dup. License Certificate Fee	205.00	115.00	(90.00)	178.26%
4002409	Board Endorsement - Out	960.00	2,050.00	1,090.00	46.83%
4002421	Monetary Penalty & Late Fees	4,175.00	5,755.00	1,580.00	72.55%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	Total Fee Revenue	40,840.00	620,045.00	579,205.00	6.59%
	Total Revenue	40,840.00	620,045.00	579,205.00	6.59%
5011110	Employer Retirement Contrib.	2,106.44	8,668.00	6,561.56	24.30%
5011120	Fed Old-Age Ins- Sal St Emp	1,188.43	4,905.00	3,716.57	24.23%
5011140	Group Insurance	204.12	840.00	635.88	24.30%
5011150	Medical/Hospitalization Ins.	2,404.50	8,244.00	5,839.50	29.17%
5011160	Retiree Medical/Hospitalizatn	182.29	751.00	568.71	24.27%
5011170	Long term Disability Ins	96.57	398.00	301.43	24.26%
	Total Employee Benefits	6,182.35	23,806.00	17,623.65	25.97%
5011200	Salaries				
5011230	Salaries, Classified	15,687.00	64,113.00	48,426.00	24.47%
	Total Salaries	15,687.00	64,113.00	48,426.00	24.47%
5011300	Special Payments				
5011340	Specified Per Diem Payment	100.00	2,350.00	2,250.00	4.26%
5011380	Deferred Compnstn Match Pmts	140.00	556.00	416.00	25.18%
	Total Special Payments	240.00	2,906.00	2,666.00	8.26%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	22,109.35	90,825.00	68,715.65	24.34%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	2,624.74	4,560.00	1,935.26	57.56%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	69.85	425.00	355.15	16.44%
5012190	Inbound Freight Services	15.00	-	(15.00)	0.00%
	Total Communication Services	2,709.59	5,239.00	2,529.41	51.72%
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	2,750.00	-	100.00%
	Total Employee Development Services	2,750.00	2,750.00	-	100.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	10,008.26	8,270.00	(1,738.26)	121.02%
5012440	Management Services	78.47	330.00	251.53	23.78%
5012460	Public Infrmtnl & Relatn Svcs	50.00	-	(50.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Mgmnt and Informational Svcs	10,136.73	8,850.00	(1,286.73)	114.54%
5012600	**Support Services**				
5012640	**Food & Dietary Services**	42.80	432.00	389.20	9.91%
5012660	**Manual Labor Services**	35.92	427.00	391.08	8.41%
5012670	**Production Services**	91.15	935.00	843.85	9.75%
5012680	**Skilled Services**	1,825.02	13,815.00	11,989.98	13.21%
	Total Support Services	1,994.89	15,609.00	13,614.11	12.78%
5012800	**Transportation Services**				
5012820	**Travel, Personal Vehicle**	336.40	3,572.00	3,235.60	9.42%
5012850	**Travel, Subsistence & Lodging**	106.50	1,101.00	994.50	9.67%
5012880	**Trvl, Meal Reimb- Not Rprtble**	62.25	1,139.00	1,076.75	5.47%
	Total Transportation Services	505.15	5,812.00	5,306.85	8.69%
	Total Contractual Svs	18,096.36	38,260.00	20,163.64	47.30%
5013000	**Supplies And Materials**				
5013100	**Administrative Supplies**				
5013120	**Office Supplies**	362.92	348.00	(14.92)	104.29%
5013130	**Stationery and Forms**	25.41	1,554.00	1,528.59	1.64%
	Total Administrative Supplies	388.33	1,902.00	1,513.67	20.42%
5013500	**Repair and Maint. Supplies**				
5013520	**Custodial Repair & Maint Matrl**	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	**Residential Supplies**				
5013620	**Food and Dietary Supplies**	-	26.00	26.00	0.00%
5013630	**Food Service Supplies**	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	**Specific Use Supplies**				
5013730	**Computer Operating Supplies**	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	388.33	2,040.00	1,651.67	19.04%
5015000	**Continuous Charges**				
5015100	**Insurance-Fixed Assets**				
5015160	**Property Insurance**	31.33	32.00	0.67	97.91%
	Total Insurance-Fixed Assets	31.33	32.00	0.67	97.91%
5015300	**Operating Lease Payments**				
5015340	**Equipment Rentals**	102.20	540.00	437.80	18.93%
5015350	**Building Rentals**	3.60	-	(3.60)	0.00%
5015390	**Building Rentals - Non State**	1,548.16	6,662.00	5,113.84	23.24%
	Total Operating Lease Payments	1,653.96	7,202.00	5,548.04	22.97%
5015500	**Insurance-Operations**				
5015510	**General Liability Insurance**	112.46	120.00	7.54	93.72%
5015540	**Surety Bonds**	6.64	8.00	1.36	83.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
	Total Insurance-Operations	119.10	128.00	8.90	93.05%
	Total Continuous Charges	1,804.39	7,362.00	5,557.61	24.51%
5022000	**Equipment**				
5022200	**Educational & Cultural Equip**				
5022240	**Reference Equipment**	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	-	52.00	52.00	0.00%
5022600	**Office Equipment**				
5022610	**Office Appurtenances**	-	70.00	70.00	0.00%
	Total Office Equipment	-	70.00	70.00	0.00%
5022700	**Specific Use Equipment**				
5022710	**Household Equipment**	5.81	-	(5.81)	0.00%
	Total Specific Use Equipment	5.81	-	(5.81)	0.00%
	Total Equipment	5.81	122.00	116.19	4.76%
	Total Expenditures	42,404.24	138,609.00	96,204.76	30.59%
	Allocated Expenditures				
20100	**Behavioral Science Exec**	35,450.63	138,765.60	103,314.97	25.55%
30100	**Data Center**	17,192.22	112,452.60	95,260.39	15.29%
30200	**Human Resources**	773.52	4,375.95	3,602.44	17.68%
30300	**Finance**	7,871.79	33,425.48	25,553.68	23.55%
30400	**Director's Office**	3,514.65	13,297.52	9,782.87	26.43%
30500	**Enforcement**	29,402.33	112,333.51	82,931.18	26.17%
30600	**Administrative Proceedings**	10,670.09	27,679.78	17,009.68	38.55%
30700	**Impaired Practitioners**	166.04	1,041.45	875.40	15.94%
30800	**Attorney General**	-	6,947.59	6,947.59	0.00%
30900	**Board of Health Professions**	2,598.81	9,675.89	7,077.08	26.86%
31100	**Maintenance and Repairs**	-	922.72	922.72	0.00%
31300	**Emp. Recognition Program**	1.75	198.01	196.26	0.89%
31400	**Conference Center**	17.11	221.14	204.02	7.74%
31500	**Pgm Devlpmnt & Implmentn**	1,604.99	5,690.92	4,085.93	28.20%
	Total Allocated Expenditures	109,263.95	467,028.16	357,764.21	23.40%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (110,828.19)	$ 14,407.84	$ 125,236.03	769.22%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	July	August	September	Total
4002400	Fee Revenue				
4002401	Application Fee	5,595.00	5,315.00	10,505.00	21,415.00
4002406	License & Renewal Fee	9,195.00	2,630.00	2,260.00	14,085.00
4002407	Dup. License Certificate Fee	110.00	55.00	40.00	205.00
4002409	Board Endorsement - Out	400.00	350.00	210.00	960.00
4002421	Monetary Penalty & Late Fees	3,075.00	600.00	500.00	4,175.00
	Total Fee Revenue	18,375.00	8,950.00	13,515.00	40,840.00
	Total Revenue	18,375.00	8,950.00	13,515.00	40,840.00
5011000	Personal Services				
5011100	Employee Benefits				
5011110	Employer Retirement Contrib.	894.52	605.96	605.96	2,106.44
5011120	Fed Old-Age Ins- Sal St Emp	507.94	340.25	340.24	1,188.43
5011140	Group Insurance	86.68	58.72	58.72	204.12
5011150	Medical/Hospitalization Ins.	1,030.50	687.00	687.00	2,404.50
5011160	Retiree Medical/Hospitalizatn	77.41	52.44	52.44	182.29
5011170	Long term Disability Ins	41.01	27.78	27.78	96.57
	Total Employee Benefits	2,638.06	1,772.15	1,772.14	6,182.35
5011200	Salaries				
5011230	Salaries, Classified	6,723.00	4,482.00	4,482.00	15,687.00
	Total Salaries	6,723.00	4,482.00	4,482.00	15,687.00
5011340	Specified Per Diem Payment	-	100.00	-	100.00
5011380	Deferred Compnstn Match Pmts	60.00	40.00	40.00	140.00
	Total Special Payments	60.00	140.00	40.00	240.00
	Total Personal Services	9,421.06	6,394.15	6,294.14	22,109.35
5012000	Contractual Svs				-
5012100	Communication Services				-
5012140	Postal Services	807.50	1,351.63	465.61	2,624.74
5012160	Telecommunications Svcs (VITA)	23.89	22.98	22.98	69.85
5012190	Inbound Freight Services	15.00	-	-	15.00
	Total Communication Services	846.39	1,374.61	488.59	2,709.59
5012200	Employee Development Services				
5012210	Organization Memberships	-	-	2,750.00	2,750.00
	Total Employee Development Services	-	-	2,750.00	2,750.00
5012400	Mgmnt and Informational Svcs				
5012420	Fiscal Services	151.33	9,815.06	41.87	10,008.26
5012440	Management Services	-	25.85	52.62	78.47
5012460	Public Infrmtnl & Relatn Svcs	14.00	26.00	10.00	50.00
	Total Mgmnt and Informational Svcs	165.33	9,866.91	104.49	10,136.73
5012600	Support Services				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	July	August	September	Total
5012640	Food & Dietary Services	-	42.80	-	42.80
5012660	Manual Labor Services	6.19	29.73	-	35.92
5012670	Production Services	-	91.15	-	91.15
5012680	Skilled Services	708.34	558.34	558.34	1,825.02
	Total Support Services	714.53	722.02	558.34	1,994.89
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	-	336.40	-	336.40
5012850	Travel, Subsistence & Lodging	-	106.50	-	106.50
5012880	Trvl, Meal Reimb- Not Rprtble	-	62.25	-	62.25
	Total Transportation Services	-	505.15	-	505.15
	Total Contractual Svs	1,726.25	12,468.69	3,901.42	18,096.36
5013000	Supplies And Materials				
5013100	Administrative Supplies				-
5013120	Office Supplies	112.48	79.10	171.34	362.92
5013130	Stationery and Forms	-	25.41	-	25.41
	Total Administrative Supplies	112.48	104.51	171.34	388.33
	Total Supplies And Materials	112.48	104.51	171.34	388.33
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				-
5015160	Property Insurance	31.33	-	-	31.33
	Total Insurance-Fixed Assets	31.33	-	-	31.33
5015300	Operating Lease Payments				
5015340	Equipment Rentals	-	53.50	48.70	102.20
5015350	Building Rentals	3.60	-	-	3.60
5015390	Building Rentals - Non State	496.44	562.20	489.52	1,548.16
	Total Operating Lease Payments	500.04	615.70	538.22	1,653.96
5015500	Insurance-Operations				
5015510	General Liability Insurance	112.46	-	-	112.46
5015540	Surety Bonds	6.64	-	-	6.64
	Total Insurance-Operations	119.10	-	-	119.10
	Total Continuous Charges	650.47	615.70	538.22	1,804.39
5022000	Equipment				
5022710	Household Equipment	-	5.81	-	5.81
	Total Specific Use Equipment	-	5.81	-	5.81
	Total Equipment	-	5.81	-	5.81

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2019 and Ending September 30, 2019

Account Number	Account Description	July	August	September	Total
	Total Expenditures	11,910.26	19,588.86	10,905.12	42,404.24
	Allocated Expenditures				
20100	Behavioral Science Exec	14,794.40	10,256.33	10,399.90	35,450.63
20200	Opt\Vet-Med\ASLP Executive Dir	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-
20600	Funeral\LTCA\PT	-	-	-	-
30100	Data Center	6,877.10	7,390.25	2,924.87	17,192.22
30200	Human Resources	670.09	62.27	41.16	773.52
30300	Finance	3,125.02	2,478.19	2,268.59	7,871.79
30400	Director's Office	1,495.64	1,015.62	1,003.39	3,514.65
30500	Enforcement	12,569.55	8,059.24	8,773.54	29,402.33
30600	Administrative Proceedings	-	3,673.32	6,996.77	10,670.09
30700	Impaired Practitioners	75.00	45.98	45.05	166.04
30800	Attorney General	-	-	-	-
30900	Board of Health Professions	1,075.53	867.50	655.79	2,598.81
31000	SRTA	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-
31300	Emp. Recognition Program	1.75	-	-	1.75
31400	Conference Center	6.01	14.07	(2.97)	17.11
31500	Pgm Devlpmnt & Implmentn	636.77	510.81	457.40	1,604.99
98700	Cash Transfers	-	-	-	-
	Total Allocated Expenditures	41,326.88	34,373.59	33,563.48	109,263.95
	Net Revenue in Excess (Shortfall) of Expenditures	$ (34,862.14)	$ (45,012.45)	$ (30,953.60)	$ (110,828.19)

Discipline Report

Virginia Department of Health Professions
Board of Psychology

Discipline Reports

03/22/2019 - 10/03/2019

NEW CASES RECEIVED IN BOARD 03/22/2019 - 10/03/2019				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	176	86	80	***342***

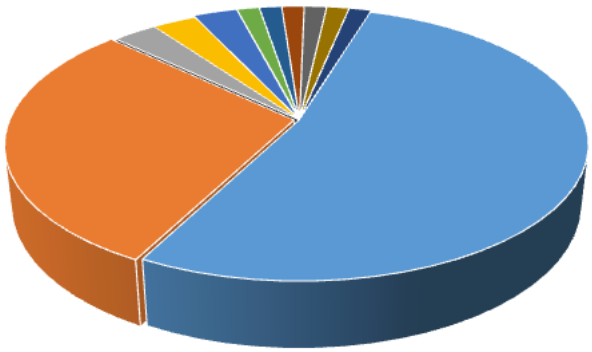
OPEN CASES (as of 10/03/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	46	41	58	
Scheduled for Informal Conferences	27	6	3	
Scheduled for Formal Hearings	1	1	0	
Other (on hold, pending settlement, etc)	12	6	1	
Cases with APD for processing (IFC, FH, Consent Order)	8	1	0	
TOTAL CASES AT BOARD LEVEL	94	55	62	***211***
OPEN INVESTIGATIONS	93	43	26	***162***
TOTAL OPEN CASES	187	98	88	***373***

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	December 3, 2019
Formal Hearings	Following scheduled board meetings, as necessary

Virginia Department of
Health Professions
Board of Psychology

CASES CLOSED (03/22/2019 - 10/03/2019)	
Closed – no violation	56
Closed – undetermined	9
Closed – violation	4
Credentials/Reinstatement – Denied	0
Credentials/Reinstatement – Approved	0
TOTAL CASES CLOSED	69

Closed Case Categories



- No jurisdiction (36)
- Diagnosis/Treatment (20)
- Confidentiality (2)
- Inability Safely Practice (2)
- Inappropriate Relationship (2)
- Advertising (1)
- Consent (1)
- Continuing Education (1)
- Criminal Activity (1)
- Dishonored check (1)
- Reinstatement (1)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	118
Avg. time in Enforcement (investigations)	65
Avg. time in APD (IFC/FH preparation)	79
Avg. time in Board (includes hearings, reviews, etc).	48
Avg. time with board member (probable cause review)	10

Virginia Department of Health Professions

AGENCY REPORTS

CASES RECEIVED, OPEN, & CLOSED REPORT
SUMMARY BY BOARD
FISCAL YEAR 2019, QUARTER ENDING JUNE 30, 2019

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

COUNSELING	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number of Cases Received	27	17	40	35	28	37	31	45	56	54	76	72
Number of Cases Open	98	69	58	56	61	72	84	102	124	150	176	144
Number of Cases Closed	44	43	60	42	26	29	23	33	29	28	51	103

PSYCHOLOGY	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number of Cases Received	18	26	13	22	23	23	28	26	20	31	38	27
Number of Cases Open	76	87	49	34	46	44	52	57	64	83	75	75
Number of Cases Closed	9	17	52	38	16	24	19	24	13	11	46	29

SOCIAL WORK	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Number of Cases Received	19	12	28	21	14	27	15	34	35	25	33	39
Number of Cases Open	78	70	54	39	39	48	52	71	93	95	97	90
Number of Cases Closed	62	17	46	39	15	19	11	18	13	23	31	48

Virginia Department of Health Professions

AGENCY REPORTS

AVERAGE TIME TO CLOSE A CASE (IN DAYS) PER QUARTER

FISCAL YEAR 2019, QUARTER ENDING JUNE 30, 2019

*The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

BOARD	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Counseling	375.5	292.8	247.9	106.1	251.5	128.2	153.7	185	164.2	161.3	251	279
Psychology	380	291.7	357.7	252.7	119.5	183.3	118.8	175.2	170.4	228.6	225	153
Social Work	469.7	407.6	366.2	228.8	292.7	123.6	277.5	237.2	113.8	200.7	263	211
Agency Totals	202.7	207.7	222.8	194.1	255.7	186.5	196.4	201.1	173.8	169.2	258	204

PERCENTAGE OF CASES OF ALL TYPES CLOSED WITHIN 365 CALENDAR DAYS*

FISCAL YEAR 2019, QUARTER ENDING JUNE 30, 2019

*The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, the percent of cases that were closed in less than one year.

BOARD	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Counseling	45.5%	78.6%	84.7%	97.5%	76.9%	97.0%	91.3%	84.8%	89.7%	89.3%	73.8%	68.0%
Psychology	44.4%	50.0%	44.2%	81.6%	92.9%	85.2%	100.0 %	90.5%	92.3%	81.8%	86.4%	93.1%
Social Work	30.7%	62.5%	41.3%	92.3%	73.3%	100.0 %	81.8%	66.7%	84.2%	78.3%	50.9%	70.8%
Agency Totals	82.0%	85.1%	81.7%	86.7%	82.2%	86.7%	87.6%	80.6%	85.5%	84.0%	76.4%	82.3%

Licensing Report

There were 5723 Psychology licensees as of September 1, 2019. The number of current licenses are broken down by profession in the following chart.

Current Licenses	
Profession	**Current Licenses**
Applied Psychologist	26
Clinical Psychologist	3626
Resident in School Psychology	8
Resident in Training	861
School Psychologist	93
School Psychologist-Limited	542
Sex Offender Treatment Provider	411
SOTP Trainee	156
Total for Psychology	**5723**

There were **32** licenses issued for Psychology for the month of August. The number of licenses issued are broken down by profession in the following chart.

1

Clinical Psychologist	
Endorsement	12
Examination	15
Reinstatement	3
Resident In Training	15
School Psychologist	
Examination	1
School Psychologist Ltd.	5
Reinstatement	2
Sex Offender Treatment Provider	1
SOTP Trainee	5
Grand Total for September 2019	59

Psychology Satisfaction Results for Quarter 1 2020

														CURRENT
Board	Q42016	Q12017	Q22017	Q32017	Q42017	Q12018	Q22018	Q32018	Q42018	Q12019	Q22019	Q32019	Q4 2019	Q1 2020
Psychology	100.0%	64.3%	91.7%	94.7%	94.9%	98.1%	91.2%	92.0%	89.6%	87.8%	93.6%	88.9%	100.0%	100.0%

Comments for Overall Experience:

Positive Comments:

Very expeditious process as a license by endorsement.

Rating: 10 out of 10

What could we do to improve our service to you?

Nothing. My experience with the board was far superior to several of my peers seeking licensure in different states.

Board of Health Professions

August 20, 2019

Meeting Minutes

DRAFT

▪ **Call to Order**	**Dr. Jones, Jr.**
▪ **Emergency Egress**	**Dr. Carter**
▪ **Public Comment**	**Dr. Jones, Jr.**
▪ **Approval of Minutes** ▪ May 14, 2019	**Dr. Jones, Jr.**
▪ **Director's Report**	**Dr. Brown**
▪ **Legislative and Regulatory Report**	**Ms. Yeatts**
▪ **Board Chair Report**	**Dr. Jones, Jr.**
▪ **Executive Director's Report** ▪ Board Budget ▪ Agency Statistics/Performance ▪ Board Mission Statement	**Dr. Carter**
▪ **Healthcare Workforce Data Center** ▪ Update	**Dr. Carter**
▪ **Committee Reports** ▪ Regulatory Research Committee o Music Therapist Study Recommendation	**Mr. Wells**
▪ **Individual Board Reports**	**Dr. Jones, Jr.**
▪ **New Business**	**Dr. Jones, Jr.**
▪ **Next Full Board Meeting** ▪ November 4, 2019	**Dr. Jones, Jr.**
▪ **Adjournment**	

Virginia Department of Health Professions
Board of Health Professions

Board of Health Professions
Full Board Meeting
August 20, 2019 at 10:00 a.m.
Board Room 4
9960 Mayland Dr, Henrico, VA 23233

DRAFT

In Attendance	Sahil Chaudhary, Citizen Member Helene Clayton-Jeter, OD, Board of Optometry Kevin Doyle, EdD, LPC, LSATP, Board of Counseling Mark Johnson, DVM, Board of Veterinary Medicine Allen Jones, Jr., DPT, PT, Board of Physical Therapy Louis Jones, FSL, Board of Funeral Directors and Embalmers Derrick Kendall, NHA, Board of Long-Term Care Administrators Maribel Ramos, Citizen Member John Salay, MSW, LCSW, Board of Social Work Herb Stewart, PhD, Board of Psychology James Watkins, DDS, Board of Dentistry James Wells, RPh, Citizen Member
Absent	Alison King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology Ryan Logan, RPh, Board of Pharmacy Kevin O'Connor, MD, Board of Medicine Martha Rackets, PhD, Citizen Member Vacant - Board of Nursing Vacant - Citizen Member
DHP Staff	David Brown, DC, Director DHP Elizabeth A. Carter, PhD, Executive Director BHP Laura Jackson, MSHSA, Operations Manager BHP Charis Mitchell, Assistant Attorney General Rajana Siva, MBA, Research Analyst BHP Elaine Yeatts, Senior Policy Analyst DHP
Speakers	Shelby Reynolds, Virginia State Task Force for Music Therapy
Observers	Jerry Gentile, DPB Ben Traynham, Hancock Daniel Kaycee Ensigy, Medical Society of Virginia
Emergency Egress	Elizabeth Carter, PhD
Call to Order	Dr. Jones, Jr. Time: 10:00 a.m. Quorum: Established
Public Comment	Dr. Jones, Jr. Shelby Reynolds with the Virginia State Task Force for Music Therapy thanked the Board for their time and advised that she was available to answer any questions that the Board may have in regard to the Music Therapy study.

Approval of Minutes	Dr. Jones, Jr.
Motion	Discussion: A motion to accept meeting minutes from the May 14, 2019 Full Board was made and properly seconded. All members were in favor, none opposed.
Director's Report	Dr. Brown
	Dr. Brown announced that agency Board Member Training will be held October 7, 2019. The Agency will be bringing in guest speakers to discuss specific topics, such as FOIA. He asked that each board member relay this information at their next board meeting.
	The Agency's website redesign is allowing for a more user friendly approach for applicants, consumers and DHP staff. He stated that the software being used allows for easier and quicker updates to each boards webpage. He requested that each board member take a look at the website and provide feedback on what they feel is working or should be changed.
	The Council on Licensure, Enforcement and Regulation (CLEAR) is an organization designed to help those in professional regulation have access to resources. At the annual CLEAR meeting in September, DHP's research and analysis into the workload of the Enforcement Division staff will be presented by DHP's Enforcement Director Ms. Schmitz and Visual Research, Inc. President Neal Kauder.
	DHP is working diligently to utilize our workforce data to inform the public of what the agency does. One example is the research describing how physical therapy assistants are now being utilized to assist individuals with pain management, decreasing the need for opioid prescriptions.
Reordering of Agenda	Dr. Jones, Jr. requested a reordering of the agenda. The motion to reorder the agenda was made and properly seconded.
Motion	
Legislative and Regulatory Report	Ms. Yeatts
	Ms. Yeatts requested board member introductions.
	Ms. Yeatts provided a brief overview of the regulations provided in the meeting packet. Also provided was a handout (Attachment 1) with information regarding a bill to amend 54.1-2405, relating notification to patients of a practitioner closure, sale or relocation of professional practice.
Motion	After board discussion a motion was made and properly seconded to change the existing language in 54.1-2405 to include the language "either electronically or" to the code. All members were in favor, none opposed.
Board Chair Report	Dr. Jones, Jr. provided Dr. Clayton-Jeter with a plaque thanking her for her service as previous board Chair.
	Dr. Jones, Jr. also passed out Department of Health Professions lapel pins to each board member.

Individual Board Reports	Board of Veterinary Medicine - Dr. Johnson (Attachment 2) Board of Dentistry - Dr. Watkins (Attachment 3) Board of Optometry - Dr. Clayton-Jeter (Attachment 4) Board of Psychology - Dr. Stewart (Attachment 5) Board of Long - Term Care Administrators - Mr. Kendall (Attachment 6) Board of Counseling - Dr. Doyle (Attachment 7) Board of Physical Therapy - Dr. Jones, Jr. (Attachment 8) Board of Audiology & Speech Language Pathology - Dr. Carter (Attachment 9) Board of Funeral Directors and Embalmers - Mr. Jones (Attachment 10) Board of Social Work - Mr. Salay (Attachment 11)
Committee Reports	Mr. Wells provided details regarding the Regulatory Research Committee's study review of the need to license music therapists in Virginia. Mr. Wells advised the Board that the Committee's final recommendation was for licensure of music therapists, with the best placement being under the Board of Counseling.
Motion	A motion for licensure of music therapists in Virginia, to be placed under the Board of Counseling, was made and properly seconded. 10 members were in favor, one abstained and one opposed. Dr. Carter advised of next steps as noted in the music therapist study work plan.
Break	Dr. Jones, Jr. requested a brief break at 11:04 a.m.
Reconvene	Dr. Jones, Jr. reconvened the meeting at 11:11 a.m.
Executive Director's Report	Dr. Carter reviewed the Board's budget and provided insight into the agencies statistics and performance. Dr. Carter has requested Charles Giles, DHP Budget Manager, to provide an update of the Agency's finances at the November 4, 2019 meeting. Dr. Carter also requested that a workgroup meet to discuss the Board's update to its Mission Statement. Communications Director, Ms. Powers, will be aiding the workgroup. Dr. Jones, Jr. will appoint members who will meet in person prior to the November 4, 2019 full board meeting.
Healthcare Workforce Data Center	Dr. Carter provided a PowerPoint presentation on the Healthcare Workforce Data Center. (Attachment 12) Dr. Clayton-Jeter requested that Optometry workforce information be shared with out of state schools of Optometry as there are currently no schools in Virginia.
New Business	Agenda item for November 4, 2019 meeting: Discussion of other states' approaches to placement of professions within regulatory boards and agencies. Dr. Carter will provide a briefing on these approaches.

	Agenda item for November 4, 2019 meeting: Discussion of the existing telehealth/telemedicine guidance documents from the respective boards.
	Dr. Jones, Jr. appointed Dr. Clayton-Jeter and Mr. Salay to the Nominating Committee. The Committee will meet prior to the November 4, 2019 Full Board meeting to provide a slate of officers for the Fall election for Chair and Vice Chair.
Next Meeting	Dr. Jones, Jr. advised the Board that the next meeting is scheduled for November 4, 2019 at 10:00 a.m.
Meeting Adjourned	12:23 p.m.
Chair	Allen Jones, Jr., DPT, PT
Signature	_____ ____/____/____
Board Executive Director	Elizabeth A. Carter, PhD
Signature	_____ ____/____/____

Department of Health Professions

Regulatory Actions in Process (63)

Board	Board of Audiology and Speech-Language Pathology	
Chapter		**Action / Stage Information**
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	Additional CE provider [Action 5354] Fast-Track - *AT Attorney General's Office* [Stage 8713]
[18 VAC 30 - 21]	Regulations Governing the Practice of Audiology and Speech-Language Pathology	Licernsure by endorsement [Action 5359] Fast-Track - *AT Attorney General's Office* [Stage 8719]

Board	Board of Counseling	
Chapter		**Action / Stage Information**
[18 VAC 115 - 15]	Regulations Governing Delegation to an Agency Subordinate	Periodic review [Action 5301] Fast-Track - *At Secretary's Office* [Stage 8647]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Unprofessional conduct - conversion therapy [Action 5225] NOIRA - *Register Date: 7/8/19* [Stage 8533]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Periodic review [Action 5230] NOIRA - *Register Date: 8/19/19* [Stage 8544]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Credential review for foreign graduates [Action 5089] Proposed - *Register Date: 7/22/19* [Stage 8461]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Requirement for CACREP accreditation for educational programs [Action 4259] Proposed - *At Secretary's Office* [Stage 8521]
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	Acceptance of doctoral practicum/internship hours towards residency requirements [Action 4829] Final - *At Governor's Office* [Stage 8516]
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	Updating and clarifying regulations [Action 4691] Final - *At Secretary's Office* [Stage 8534]

[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	Periodic review [Action 5305] NOIRA - *At Secretary's Office* [Stage 8654]
[18 VAC 115 - 50]	Regulations Governing the Practice of Marriage and Family Therapy	Acceptance of doctoral hours towards residency [Action 5226] Fast-Track - *Register Date: 7/22/19* [Stage 8536]
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under development]	Initial regulations for registration [Action 4890] Final - *At Governor's Office* [Stage 8649]
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	Initial regulations for registration of Qualified Mental Health Professionals [Action 4891] Final - *At Governor's Office* [Stage 8650]

Board **Board of Dentistry**

Chapter		Action / Stage Information
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Change in renewal schedule [Action 4975] Proposed - *At Governor's Office* [Stage 8498]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Amendment to restriction on advertising dental specialties [Action 4920] Proposed - *At Secretary's Office* [Stage 8500]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Administration of sedation and anesthesia [Action 5056] Proposed - *At Secretary's Office* [Stage 8502]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Technical correction [Action 5198] Fast-Track - *DPB Review in progress* [Stage 8622]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	Content of acceptable examination [Action 5281] Fast-Track - *At Governor's Office* [Stage 8623]
[18 VAC 60 - 21]	Regulations Governing the Practice of Dentistry	(E) Volunteer practice of dentistry [Action 5324] Final - *Register Date: 8/5/19* [Stage 8673]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygienists	Protocols for remote supervision of VDH and DBHDS dental hygienists [Action 5323] Emergency/NOIRA - *At Secretary's Office* [Stage 8672]
[18 VAC 60 - 25]	Regulations Governing the Practice of Dental Hygienists	(E) Administration of Schedule VI fluorides; remote supervision

		[Action 5332] Final - *Register Date: 8/5/19* [Stage 8681]
[18 VAC 60 - 30]	Regulations Governing the Practice of Dental Assistants	Education and training for dental assistants II [Action 4916] Proposed - *At Secretary's Office* [Stage 8508]

Board **Board of Funeral Directors and Embalmers**

Chapter		Action / Stage Information
[18 VAC 65 - 20]	Regulations of the Board of Funeral Directors and Embalmers	Results of periodic review [Action 5165] Proposed - *DPB Review in progress* [Stage 8704]
[18 VAC 65 - 30]	Regulations for Preneed Funeral Planning	Periodic review 2018 [Action 5220] NOIRA - *Register Date: 5/27/19* [Stage 8524]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Periodic review 2019 [Action 5221] NOIRA - *Register Date: 7/8/19* [Stage 8525]
[18 VAC 65 - 40]	Regulations for the Funeral Service Intern Program	Reduction in hours for funeral internships [Action 5275] NOIRA - *Register Date: 6/10/19* [Stage 8609]

Board **Department of Health Professions**

Chapter		Action / Stage Information
[18 VAC 76 - 40]	Regulations Governing Emergency Contact Information	Periodic review [Action 5271] Fast-Track - *At Governor's Office* [Stage 8603]

Board **Board of Medicine**

Chapter		Action / Stage Information
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Result of periodic review [Action 5167] Fast-Track - *Register Date: 7/22/19* [Stage 8449]
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Addition of American Board of Podiatric Medicine [Action 5316] Fast-Track - *At Governor's Office* [Stage 8664]
[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	Supervision and direction for laser hair removal [Action 4860] Final - *Register Date: 7/8/19* [Stage 8535]

[18 VAC 85 - 20]	Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic	(E) Renewal fee reduction [Action 5353] Final - *Register Date: 9/2/19* [Stage 8712]
[18 VAC 85 - 21]	Regulations Governing Prescribing of Opioids and Buprenorphine	Waiver for e-prescribing of an opioid [Action 5355] Emergency/NOIRA - *DPB Review in progress* [Stage 8714]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Practice with patient care team physician [Action 5357] Emergency/NOIRA - *DPB Review in progress* [Stage 8716]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	Result of periodic review [Action 5168] Fast-Track - *Register Date: 7/8/19* [Stage 8450]
[18 VAC 85 - 50]	Regulations Governing the Practice of Physician Assistants	(E) Licensure by endorsement for spouses of military [Action 5356] Final - *Register Date: 9/2/19* [Stage 8715]
[18 VAC 85 - 110]	Regulations Governing the Practice of Licensed Acupuncturists	Result of periodic review [Action 5169] Fast-Track - *Register Date: 6/24/19* [Stage 8451]
[18 VAC 85 - 120]	Regulations Governing the Licensure of Athletic Trainers	Result of periodic review [Action 5170] Fast-Track - *Register Date: 6/24/19* [Stage 8452]

Board **Board of Nursing**

Chapter		Action / Stage Information
[18 VAC 90 - 19]	Regulations Governing the Practice of Nursing	Registration of clinical nurse specialists [Action 5306] NOIRA - *Register Date: 7/22/19* [Stage 8655]
[18 VAC 90 - 26]	Regulations for Nurse Aide Education Programs	Implementing Result of Periodic Review [Action 5157] NOIRA - *Register Date: 5/13/19* [Stage 8427]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Autonomous practice [Action 5132] Proposed - *At Governor's Office* [Stage 8578]
[18 VAC 90 - 30]	Regulations Governing the Licensure of Nurse Practitioners	Supervision and direction of laser hair removal [Action 4863] Final - *Register Date: 7/8/19* [Stage 8537]
[18 VAC 90 - 40]	Regulations for Prescriptive Authority for Nurse Practitioners	Elimination of separate license for prescriptive authority [Action 4958] Proposed - *Register Date: 7/22/19* [Stage 8458]

Board **Board of Optometry**

Chapter		Action / Stage Information
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Inactive licenses [Action 5006] Proposed - *Register Date: 6/24/19* [Stage 8460]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Periodic review [Action 4780] Final - *At Secretary's Office* [Stage 8529]
[18 VAC 105 - 20]	Regulations of the Virginia Board of Optometry	Prescribing of opioids [Action 4892] Final - *At Secretary's Office* [Stage 8682]

Board **Board of Pharmacy**

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Delivery of dispensed prescriptions; labeling [Action 5093] NOIRA - *Register Date: 10/29/18* [Stage 8346]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Increase in fees [Action 4938] Proposed - *Register Date: 5/27/19* [Stage 8270]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Brown bagging and white bagging [Action 4968] Proposed - *At Secretary's Office* [Stage 8585]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Requirement for pharmacy to be operational within 90 days [Action 5080] Fast-Track - *Register Date: 7/8/19* [Stage 8510]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Amending definition of "cold" [Action 5210] Fast-Track - *Register Date: 6/10/19* [Stage 8512]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Prohibition against incentives to transfer prescriptions [Action 4186] Final - *At Governor's Office* [Stage 7888]
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	Periodic review result of Chapters 20 and 50; Promulgation of Chapters 15 and 21 [Action 4538] Final - *At Governor's Office* [Stage 8597]
[18 VAC 110 - 50]	Regulations Governing Wholesale Distributors, Manufacturers and Warehousers	Delivery of Schedule VI prescription devices [Action 5084] Proposed - *At Secretary's Office* [Stage 8584]
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	New Regulations Governing Pharmaceutical Processors [Action 4695] Final - *Register Date: 7/8/19* [Stage 8648]

Board	Board of Physical Therapy	
Chapter		**Action / Stage Information**
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Periodic review [Action 5228] NOIRA - *Register Date: 5/13/19* [Stage 8538]
[18 VAC 112 - 20]	Regulations Governing the Practice of Physical Therapy	Practice of dry needling [Action 4375] Proposed - *Register Date: 5/27/19* [Stage 8144]

Board	Board of Psychology	
Chapter		**Action / Stage Information**
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Unprofessional conduct/conversion therapy [Action 5218] NOIRA - *Register Date: 7/8/19* [Stage 8522]
[18 VAC 125 - 20]	Regulations Governing the Practice of Psychology	Result of Periodic Review [Action 4897] Proposed - *At Governor's Office* [Stage 8298]

Board	Board of Social Work	
Chapter		**Action / Stage Information**
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Unprofessional conduct/practice of conversion therapy [Action 5241] NOIRA - *Register Date: 7/8/19* [Stage 8562]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	BSW and LSW licensure [Action 5070] Fast-Track - *Register Date: 6/24/19* [Stage 8344]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Reduction in CE requirement for supervisors [Action 5191] Fast-Track - *Stage Withdrawn 7/22/2019* [Stage 8486]
[18 VAC 140 - 20]	Regulations Governing the Practice of Social Work	Hours of ethics for continuing education [Action 5010] Final - *At Secretary's Office* [Stage 8685]

Board	Board of Veterinary Medicine	
Chapter		**Action / Stage Information**
[18 VAC 150 - 20]	Regulations Governing the Practice of Veterinary Medicine	(E) Recordkeeping for certain drugs [Action 5334] Final - *Register Date: 8/19/19* [Stage 8686]

Department of Health Professions

2020 Session of the General Assembly

A BILL to amend the *Code of Virginia* by amending § 54.1-2405, relating notification to patients of a practitioner closure, sale or relocation of professional practice.

Be it enacted by the General Assembly of Virginia:

That § 54.1-2405 of the *Code of Virginia* is amended and reenacted as follows:

§ 54.1-2405. Transfer of patient records in conjunction with closure, sale, or relocation of practice; notice required.

A. No person licensed, registered, or certified by one of the health regulatory boards under the Department shall transfer records pertaining to a current patient in conjunction with the closure, sale or relocation of a professional practice until such person has first attempted to notify the patient of the pending transfer, either electronically or by mail, at the patient's last known address, and by publishing prior notice in a newspaper of general circulation within the provider's practice area, as specified in § 8.01-324.

The notice shall specify that, at the written request of the patient or an authorized representative, the records or copies will be sent, within a reasonable time, to any other like-regulated provider of the patient's choice or provided to the patient pursuant to § 32.1-127.1:03. The notice shall also disclose whether any charges will be billed by the provider for supplying the patient or the provider chosen by the patient with the originals or copies of the patient's records. Such charges shall not exceed the actual costs of copying and mailing or delivering the records.

B. For the purposes of this section:

"Current patient" means a patient who has had a patient encounter with the provider or his professional practice during the two-year period immediately preceding the date of the record transfer.

"Relocation of a professional practice" means the moving of a practice located in Virginia from the location at which the records are stored at the time of the notice to another practice site that is located more than 30 miles away or to another practice site that is located in another state or the District of Columbia.

Virginia Board of Veterinary Medicine
Board of Health Professions Meeting
August 20, 2019

Statistics

The Board last met on July 9, 2019. Next scheduled meeting is October 31, 2019.

January 1 – August 19, 2019

Board - 2	Committee – 2	Disciplinary – 12

Complaints (62 additional cases equates to a 31.5% increase; complexity of cases have also increased)

FY2016 Received – 197	FY2017 Received - 259	FY2018 Received - 217	Y-T-D FY2019 Received - 194

Licenses (in state/out of state based on address of record provided by licensee)
Renewal currently underway.

Type of Licensee	Total # of Licensees
Veterinarian	4,474
Faculty Veterinarian	84
Intern/Resident Veterinarian	63
Veterinary Technician	2,344
Equine Dental Technician	24
Veterinary Establishment*	1,159

Continuing Education

The continuing education audit for 2018 licensure year is underway.

Guidance Document Updates

The Board updated several guidance documents at its July 9, 2019, meeting which recently became effective after the required public comment period.

Miscellaneous

During its last meeting, the Board requested that an ad hoc committee be convened to discuss USP requirements. The committee is composed of two board members, two VVMA representatives, Pharmacist from VT College of Veterinary Medicine, Deputy Director for the Board of Pharmacy. The first meeting will occur on October 2, 2019.

August 20, 2019

REPORT OF THE BOARD OF DENTISTRY FOR BOARD OF HEALTH PROFESSIONS:

Our dental board last met on June 21, 2019 and meets again on Sept 13, 2019.

-----Dr. Yetty Shobo gave us a 2019 Dental and Dental Hygiene Workforce Report.

-----Mr. Neal Kauder made a presentation to us on our current Sanctioning Reference Points status based on recommendations from our board.

-----Liaison Committee Reports:

Southern Regional Testing Agency held its meeting at the Landsdowne Resort in Leesburg on August 1-3, 2019. I attended this meeting as it was supposed to be its last meeting as an agency due to its merger with one of the other testing agencies (Council of Interstate Testing Agencies); however the merger talks did not proceed as expected so SRTA is looking at continuing as a testing agency with changes and additions to its exam format that may include non-patient based testing of dentists and dental hygienists.

Southern Conference of Dental Deans and Examiners will have their 2020 meeting in January in Alabama.

-----Ms. Reen reported on Regulatory actions; protocols for Remote Supervision; Disciplinary activities and our Board's participation in with the American Association of Dental Boards.

------Licensing Numbers

Dentists----------6,948 ACTIVE
298 INACTIVE
Dental Hygienist---5619 ACTIVE
200 INACTIVE
Dental Assistant II---27 ACTIVE

There were two summary suspensions of dental licenses between February 28, 2019 and August 19, 2019.

Report by Dr. James D. Watkins

Virginia Board of Optometry
Board of Health Professions Meeting
August 20, 2019

Statistics

Last board meeting held on June 28, 2019. Next board meeting scheduled for October 4, 2019.

January 1 – August 19, 2019

Board - 2	Committee – 2	Disciplinary – 0

Complaints

FY2016 Received - 13	FY2017 Received - 36	FY2018 Received - 42	Y-T-D FY2019 Received - 29

Licenses (in state/out of state based on address of record provided by licensee)

Y-T-D as of 02/20/19

Total – 1,988	TPA – 1626	DPA – 96	Professional Designations - 266

Continuing Education

Continuing education audit underway.

Regulatory Changes

The following regulatory actions are underway:

- Periodic review – Final stage review by the Secretary is underway.
- Prescribing of opioids – The final regulations are in-process. The emergency regulations were extended until October 28, 2019.
- Inactive licenses – At the proposed stage with comment period underway.

Miscellaneous

During its last meeting, the Board requested to convene the TPA-Formulary Committee to review the issue of prescribing gabapentin since it was rescheduled to Schedule V. The Code of Virginia allows for optometrists to prescribe Schedule V controlled substances, but the regulations exclude Schedule V. The Committee met on August 19, 2019, and voted to recommend to the full board that the regulations continue to exclude Schedule V controlled substances with the exception of gabapentin.

Virginia Department of
Health Professions
Board of Psychology

	Licenses/Cert/Reg (As of 8/19/2019)
Applied	26
Resident in Training	861
Clinical Psychologist	3620
Resident in School Psychology	8
School	93
School – Limited	537
Sex Offender Treatment Provider	409
Sex Offender Treatment Provider-Trainee	156
Total	5710

Regulatory Changes

Section	Change	Stage
18VAC125-20	The Board intends to specify in section 150 that the standard of practice requiring licensed psychologists to "avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable" includes the provision of conversion therapy and to define what conversion therapy is and is not. The goal is to align regulations of the Board with the stated policy and ethics for the profession.	NOIRA register date 7/8/19
18VAC125-20	Periodic Review: The Board intends to update its regulations for consistency and clarity, reduce the regulatory hurdle for licensure by endorsement, increase the opportunities for continuing education credits, specify a time frame within which an applicant must have passed the national examination, and simplify the requirement for individual supervision in a residency. The Board will also consider requiring all psychology doctoral programs to be accredited by the American Psychological Association, the Canadian Psychologic Association or another accrediting body acceptable to the Board within three years of the effective date of the regulation. Finally, the Board intends to revamp its regulations on standards of conduct to emphasize rules for professionalism, confidentiality, client records, and prohibitions	Proposed stage: Under review at the Governor's Office.

	on dual relationships.	

News Updates

The Board is still waiting on its appointments, one to fill a vacant seat, and one to fill a reconfigured seat. We also have two board members whose terms expired on 6/30, but they are eligible for reappointment (Susan and Andrea).

The Board is still interested in pursuing PSYPACT.

The Board is also in the process of changing the exam requirements.

Next Meeting:

October 29, 2019

Board of Long-Term Care Administrators

Last Meeting: March 12, 2019

Updates:

- On July 19, the Board convened a second meeting of a Regulatory Advisory Panel related to "Administrators-in-Training." The “RAP” is charged with making recommendations to the Board on a number of issues related to the training of new administrators, including workforce needs, pathways to becoming an administrator, and adequate and quality preparation for work as an administrator through the training and precepting process. The recommendations or considerations of the RAP will be presented to the full Board at its next meeting on September 27th.

Virginia Board of Counseling
Board of Health Professions
General Business Meeting
August 20, 2019

Regulatory Changes

Section	Change	Stage
18VAC115-15	Periodic review – agency subordinate	Fast-Track – Under review with the Secretary of Health and Human Resources
18VAC115-15, 18VAC115-20, 18VAC115-40, 18VAC115-50, 18VAC115-60	Periodic review of the Board of Counseling Regulations	NOIRA register date 8/19/19
18VAC115-50	The amendment will recognize hours acquired in an internship or practicum in doctoral programs accredited by COAMFTE or CACREP as meeting a portion of the hours of supervised residency for licensure.	Fast-Track – Register date 7/22/19
18VAC115-20, 18 VAC115-30, 18VAC115-50, 18VAC115-60	Specify in Regulations that the standard of practice requiring persons licensed, certified or registered by the board to "Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare" precludes the provision of conversion therapy and to define what conversion therapy is and is not.	NOIRA register date 7/8/19
18VAC115-20	Provide a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor in Virginia. The Board intends to adopt language similar to psychology, which provides that graduates of programs that are not within the US of Canada can qualify for licensure if they can provide documentation from an acceptable credential evaluation service that allows the board to determine if the program meets the requirements set forth in the regulation.	Proposed comment period ends 9/20
18VAC115-20	Acceptance of supervised practicum and internship hours in a doctoral program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The intent is to recognize hours acquired in an accredited doctoral programs as meeting a portion of the hours of residency required for licensure.	Final Regulations. Under review with the Governor's Office
18VAC115-20	Requirement for CACREP accreditation for educational programs	Proposed under review with Secretary of Health and Human Resources
18VAC115-30	Updating and clarifying CSAC and CSAC-A regulations: The Board intends to amend regulations for certified substance abuse counselors (CSAC) and counseling assistants to clarify portions that have confused applicants, add more specific requirements for supervised practice to better ensure accountability and quality in the experience, add time limits for completion of experience to avoid perpetual supervisees who may continue to practice without passage of an examination and completion of certification, add requirements for continuing education as a requisite for renewal to ensure on-going competency to practice, and place additional standards of practice in regulation to address issues the Board has seen in complaints and disciplinary proceedings and for consistency with other professions in behavioral health.	Final Stage under review with the Secretary of Health and Human Resources
18VAC-115-70	Regulations for registration of peer recovery specialists promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly	Final – under review at the Governor's office
18VAC-115-80	Regulations for registration of qualified mental health professionals promulgated pursuant to a mandate of Chapters 418 and 426 of the 2017 Acts of the Assembly.	Final – under review at the Governor's office.

	Total Licenses/certifications/registrations
CSAC	1,877
CSAC-A	233

Substance Abuse Trainee	1872
LMFT	881
LPC	5916
ROS (initial and add/change)	8853
QMHP-A	7176
QMHP-C	6370
Peer	243
MFT ROS (initial and add/change)	352
LSATP	259
Substance Abuse Res	6
QMHP Trainee	2482
Rehab Counselor	226
Total	36722

Counseling Monthly Snapshot for July 2019

Counseling has closed more cases in July than received cases. Counseling has closed 25 patient care cases and 11 non patient care cases for a total of 36 cases.

Closed Cases	
Patient Care	25
Non Patient Care	11
Total	**36**

The department has received 18 patient care cases and 10 non-patient care cases for a total of 28 cases.[1]

Received Cases	
Patient Care	18
Non Patient Care	10
Total	**28**

As of July 31, 2019, there are 121 Patient care cases open and 56 non-patient care cases open for a total of 177 cases.

Open Cases	
Patient Care	121
Non patient care	56
Total	**177**

News Updates

The Board met on August 16, 2019.

The Board just adopted emergency regulations pursuant to legislation that requires the Board to license residents in counseling.

The Board also held an Ad-Hoc Committee on Telemental Health. The goal is to update our guidance document related to telemental health.

The Board is also looking to support the ACA in its efforts to obtain a grant to pursue an interstate compact.

The Board also held elections and voted Johnston Brendel chair and Danielle Hunt vice-chair. Dr. Doyle was elected president of the AASCB so will continue to keep Virginia at the forefront of conversations regarding accreditation and mobility.

NEXT MEETING: November 1.

[1] The cases received and cases closed figures exclude Compliance Tracking Cases

Board of Physical Therapy

Last Meeting: August 13, 2019

Updates:

- In March 2019, legislation was signed to enact the Physical Therapy Licensure Compact, an agreement to enhance mobility and portability of licensure for PTs and PTAs across member jurisdictions. The Compact will become effective January 1, 2020. At the Board's August meeting, the Board adopted emergency regulations related to implementation of the Compact, including administrative regulations, as well as regulations to support the use of criminal background checks for licensure applicants.
- The Board is currently undergoing a periodic review of its regulations. The Board adopted proposed regulations at its last meeting in August to clarify existing regulations related to active practice and continuing education and to reflect recent proposed changes in the requirements for exam eligibility for foreign-trained PTs and PTAs.
- After many years, the Board adopted final regulations at the August meeting related to the practice of dry needling, a treatment modality used by physical therapists involving the use of filoform needles inserted into trigger points for the purpose of relieving pain. In 2015, the Board began the current process to promulgate regulations related to dry needling. Now, those final regulations have been adopted by the Board and will be proceeding through the final process for approval.

Virginia Board of Audiology and Speech-Language Pathology
Board of Health Professions Meeting
August 20, 2019

Statistics

Full board meeting held on July 30,2019. Next board meeting scheduled for November 12, 2019.

January 1 – August 19, 2019

Board - 2	Committee – 1	Disciplinary – 4

Complaints

FY2016 Received – 13	FY2017 Received – 30	FY2018 Received – 17	YTD FY2019 Received – 38

Licenses

Audiologist	543
SLP	4365
School SLP	435

Continuing Education

The continuing education audit is underway.

Guidance Documents

The Board convened a meeting of the Regulatory Advisory Panel on Telepractice on June 3, 2019. The RAP recommended a guidance document on telepractice be presented to the Board for its consideration. The Board adopted the recommended guidance document and it will be effective following the required public comment period.

Board of Funeral Directors and Embalmers

Last Meeting: July 11, 2019

Updates:

- The Board is currently undergoing a periodic review of three sets of regulations, including regulations for the practice of funeral services, for preneed funeral contracts, and for funeral service licensees. Proposed amendments will be further considered at the Board's October meeting.
- The Board approved the 2019 report on Funeral Service Licensees that as compiled by the Healthcare Workforce Data Center.

Virginia Department of
Health Professions
Board of Social Work

	Total Number (as of 8/19/2019)
Associate	1
Registered	9
LCSW	7,057
LMSW	748
LBSW Supervisee	6
ROS (initial and add/change)	2,216
Total	10,037

Regulatory Changes

Section	Change	Stage
18VAC140-20	Unprofessional Conduct/Practice of Conversion Therapy	NOIRA register date 7/8/19
18VAC140-20	Reduction in CE requirement for supervisors: The Board proposes amendments to clarify that the definition of "face-to-face" includes the contact a supervisee and a client must have; to reduce the number of hours of continuing education required to become an approved supervisor; and to eliminate the requirement that those hours must be repeated every five years to remain an approved supervisor.	Fast Track stage withdrawn (because of opposition). The board will decide at its next meeting if it wants to withdraw the action or adopt a NOIRA instead of the fast track action.
18VAC140-20-10 et seq	Pursuant to Chapter 451 of the 2018 Acts of the Assembly (HB614), the Board of Social Work has adopted amendments to 18VAC140-20-10 et seq., relating to the division of the category of "licensed social worker" into two licensure categories of "baccalaureate social worker" and "master's social worker."	Effective 8/8/2019
18VAC140-20	The Board intends to amend the requirements for continuing education in section 105 to increase the hours pertaining to ethics or the standards of practice for behavioral health professions from a minimum of two to six hours every two years.	Final Stage under review at the Office of the Secretary.

Social Work Monthly Snapshot for July 2019

Social Work has closed more cases in July than received cases. Social Work has closed 7 patient care cases and 10 non patient care cases for a total of 17 cases.

Closed Cases	
Patient Care	7
Non Patient Care	10
Total	**17**

The department has received 5 patient care cases and 6 non-patient care cases for a total of 11 cases.[1]

Received Cases	
Patient Care	5
Non Patient Care	6
Total	**11**

As of July 31,2019, there are 73 Patient care cases open and 17 non-patient care cases open for a total of 90 cases.

Open Cases	
Patient Care	73
Non patient care	17
Total	**90**

News Update:
The Board wants to focus on workforce issues and ensuring that any regulatory and policy changes protect the public but also ensure that the workforce needs are met.

Next Board Meeting:

September 20, 2019

[1] The cases received and cases closed figures exclude Compliance Tracking Cases

Virginia Department of Health Professions

Virginia Healthcare Workforce: Information Resources Available Today and Their Increasing Value

Virginia Board of Health Professions Meeting

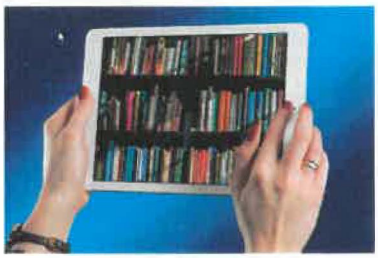
Elizabeth A. Carter, Ph.D.

August 20, 2019

Virginia Department of Health Professions

OVERVIEW – A Tour of the "Library"

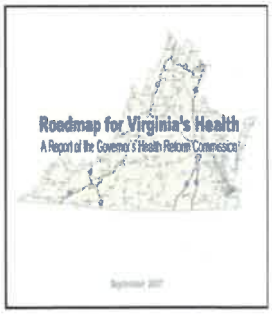
- DHP HWDC Background, Data Products and Uses
- Workforce Connection Labor Market Information & BLS Projections
- HRSA Projections



Virginia Department of Health Professions

DHP HWDC BACKGROUND

Governor's commission recommendation & Legislation authorizing data collection



2007 & 2009

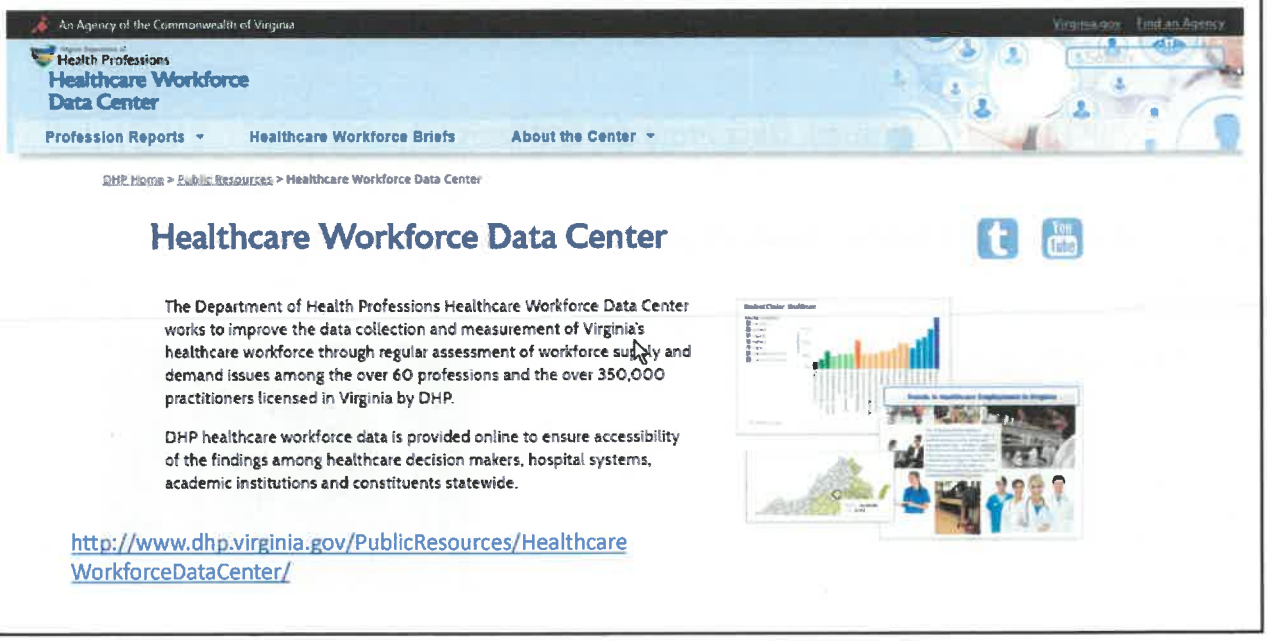
Over 100 stakeholders and national consultants collaborated to determine key questions and the "holes" in existing data sources.

2008 - 2010

Multiple profession-specific surveys created & launched in the online licensure renewal system. RN/LPN Education surveys covered, as well.

2010 - present

Virginia Department of Health Professions



http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Virginia Department of Health Professions

Data Products

Profession Reports

The HWDC Profession Reports are the mainstay of the HWDC's data products. They provide a statewide look at the healthcare workforce on a profession-by-profession basis. Profession reports are published following the end of the data collection period. Profession reports include HWDC CareForce Indicators as well as more detailed information pertaining to the professions.

Virginia CareForce Snapshots

The Virginia CareForce Snapshot is a compilation of the CareForce indicators for all professions, statewide, in a given HWDC survey year. The Careforce Snapshot, updated annually in spring, provide an interactive guide to compare CareForce Indicators across professions.

Regional CareForce Snapshot

Produced in collaboration with the Virginia Healthcare Workforce Development Authority, (VHWDA) our Regional CareForce Products provide an interactive guide to the CareForce in each of Virginia's eight AHEC regions. Regional Reports are updated each spring.

Trends in Healthcare Workforce Full Time Equivalency (FTE) Units

Starting in June 2016, the Trends in Healthcare Workforce Full Time Equivalency (FTE) Units feature enables FTE trend comparisons of the original surveyed professions from 2012 to 2015. It also compares 2015 results for 20 professions by county, as well as AHEC, Council on Virginia's Future, Workforce Investment Area, and Health Planning Districts.

Student Choice

Our interactive Student Choice page uses HWDC data and data from the Bureau of Labor Statistics to help students begin thinking about health careers and education. This tool highlights the interoperability of HWDC data and how it can be used in analysis and decision making.

Trends in Virginia Healthcare Workforce

Launched in 2018, this tool provides users with profession-specific data for all the years available.

Virginia Department of Health Professions

DHP HWDC CURRENT PROFESSION-SPECIFIC SURVEYS

Profession Reports

http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

Every March
Assisted Living Facility Administrators
Dental Hygienists
Dentists
Nursing Home Administrators

Every June
Funeral Service Licensees
Licensed Clinical Psychologists
Licensed Clinical Social Workers
Licensed Professional Counselors

Every October*
Certified Nurse Aides
Licensed Practical Nurses
Nurse Practitioners
Registered Nurses

Every December
Audiologists
Optometrists
Pharmacists
Pharmacy Technicians
Speech-Language Pathologists
Veterinary Technicians
Veterinarians

December, Odd Years**
Physician Assistants
Respiratory Therapists
Radiological Technologists

December, Even Years**
Doctors of Osteopathy
Medical Doctors
Occupational Therapists
Occupational Therapy Assistants
Physical Therapists
Physical Therapy Assistants

Incorporated into the online license renewal process

Overall, response rates are HIGH, averaging 85%

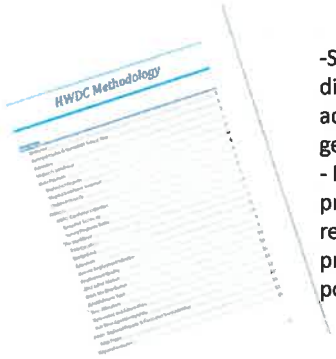
* Renewals are continuous by birth month, due every other year.
** Renewals are also collected by birth month every other year according to the profession's cycle.

Virginia Department of Health Professions

DHP HWDC PROCESS: Data Collection, Analysis and Reporting

Standardized HWDC Methodology

http://www.dhp.virginia.gov/media/dhpweb/docs/hwdc/MethodologyandGlossary.pdf



-Standard methods enable direct comparison within and across professions, geographically, and over time.
- But there are also profession-specific questions relative to specialty area, practice environment, other policy-relevant issues.

Virginia Department of Health Professions

Sample "CareForce" Minimum Data Set Results At-a-Glance

Profession Reports

The Registered Nurse Workforce: At a Glance:

The Workforce		Background		Current Employment	
Licensees	111,083	Rural Childhood	37%	Employed in Prof.	91%
Virginia's Workforce	93,902	HS Degree in VA	57%	Hold 1 Full-time Job	69%
FTEs	81,277	Prof. Degree in VA	67%	Satisfied?	93%
Survey Response Rate		**Education**		**Job Turnover**	
All Licensees	31%	Baccalaureate	47%	Switched Jobs	7%
Renewing Practitioners	73%	Associate	29%	Employed over 2 yrs	62%
Demographics		**Finances**		**Time Allocation**	
Female	93%	Median Income	$60k-$70k	Patient Care	80%-89%
Diversity Index	38%	Health Benefits	66%	Patient Care Role	66%
Median Age	46	Under 40 w/ Ed debt	61%	Admin. Role	8%

Surveys are conducted yearly on about half of RN licensees each year due to the renewal cycle.

Latest available results are from 2017 and 2018

Virginia Department of Health Professions

Also, profession-specific reports detail findings about income, retirement expectations, job locations, and more. . .

Income		
Annual Income	#	%
Volunteer Work Only	957	2%
Less than $20,000	2,499	4%
$20,000-$29,999	1,963	3%
$30,000-$39,999	3,560	5%
$40,000-$49,999	7,283	11%
$50,000-$59,999	11,057	17%
$60,000-$69,999	10,842	17%
$70,000-$79,999	9,291	14%
$80,000-$89,999	6,620	10%
$90,000-$99,999	4,277	7%
$100,000 or more	7,278	11%
Total	65,627	100%

At a Glance:

Retirement Expectations

All RNs
- Under 65: 38%
- Under 60: 13%

RNs 50 and over
- Under 65: 29%
- Under 60: 5%

Time until Retirement
- Within 2 years: 7%
- Within 10 years: 24%
- Half the workforce: By 2043

Establishment Type	Location Type: Primary Location #	Primary Location %	Secondary Location #	Secondary Location %
Hospital, Inpatient Department	26,924	38%	3,684	28%
Hospital, Emergency Department	4,802	7%	820	6%
Hospital, Outpatient Department	4,216	6%	588	4%
Academic Institution (Teaching or Research)	4,194	6%	809	6%
Home Health Care	3,075	4%	1,122	9%
Ambulatory/Outpatient Surgical Unit	2,919	4%	482	4%
Clinic, Primary Care or Non-Specialty (e.g. FQHC, Retail or Free Clinic)	2,817	4%	565	4%
Long Term Care Facility, Nursing Home	2,473	4%	706	5%
Physician Office	2,391	3%	396	3%
Clinic, Non-Surgical Specialty (e.g., Dialysis, Diagnostic, Infusion, Blood)	1,916	3%	418	3%
School (Providing Care to Students)	1,878	3%	387	3%
Insurance Company, Health Plan	1,816	3%	274	2%
Other Practice Setting	10,708	15%	2,875	22%
Total	70,122	100%	13,960	100%
Did Not Have a Location	4,198		78,450	

Virginia Department of Health Professions

The survey data enable data visualizations depicting the current workforce and trends over time and policy-relevant geographic areas.

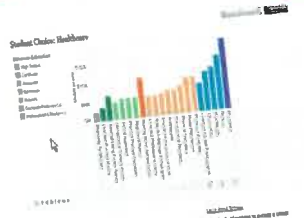
Virginia CareForce Snapshots
(https://vahwdc.tumblr.com/VACareForceSnapshot)

Trends in Healthcare Workforce Full Time Equivalencies (FTE) Units
(http://vahwdc.tumblr.com/Full%Time%Equivalency)

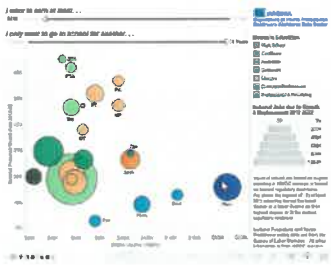
Regional CareForce Snapshot
(https://vahwdc.tumblr.com/RegionalCareforce)

NOTE: The Tumblr® interactive reports work best in Internet Explorer.

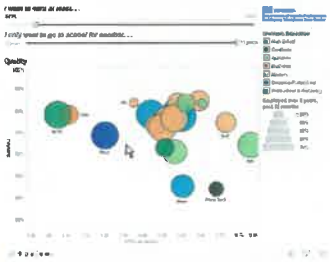
Virginia Department of
Health Professions



Find your future in healthcare



Is the extra education worth it?



How much will it cost to get there?

https://vahwdc.tumblr.com/StudentChoice

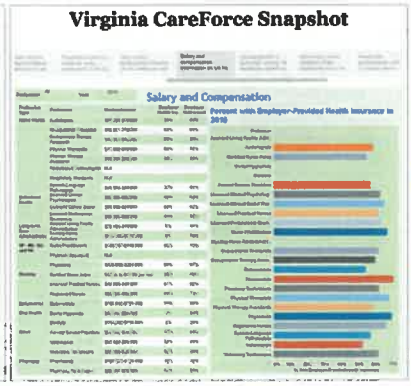
Virginia Department of
Health Professions

Virginia CareForce Snapshots

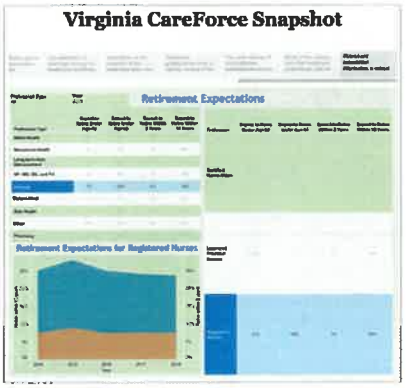
(vahwdc.tumblr.com/VACareForceSnapshot)

Virginia CareForce Snapshot

Virginia CareForce Snapshot



Virginia CareForce Snapshot

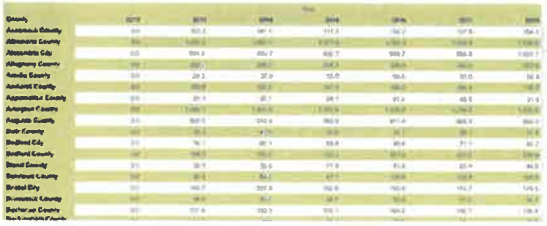


Virginia Department of
Health Professions

Trends in Healthcare Workforce Full Time Equivalencies (FTE) Units
(https://vahwdc.tumblr.com/Full%20Time%20Equivalency)

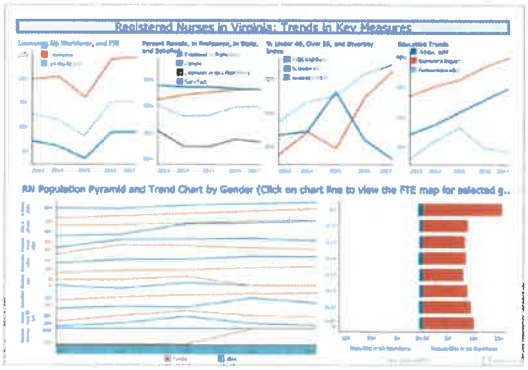
Healthcare Workforce in Virginia

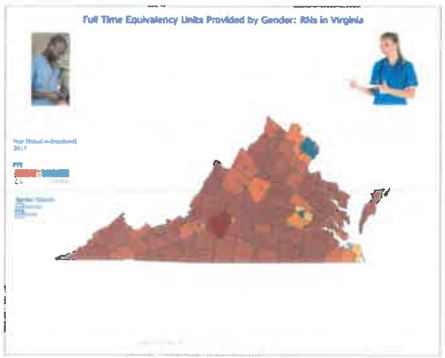
2018 Healthcare Workforce Full Time Equivalency Units in Virginia



Virginia Department of
Health Professions

Trends in Virginia Healthcare Workforce
(https://vahwdc.tumblr.com/VAHealthcareWorkforce)

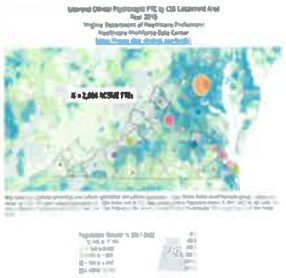




https://vahwdc.tumblr.com/RNs

Virginia Department of Health Professions

USES



ARTS Addiction and Recovery Treatment Services

DHP HWDC provides consistent and comparable cross-sectional and longitudinal information on the Commonwealth's licensed health workforce. Regarded on a national level as "best practice," it serves as a model for multiple U.S. states and the U.K.

VLDS

Virginia Department of Health Professions

New Uses

- Request from National Governors Association, National Council of State Legislatures and Council of State Governments – Policy Academy panelist
- National Association of Board of Long-Term Care Administrators (May 2019) Annual Meeting*
- Virginia Center on Aging - $3.75M HRSA Geriatric Workforce Enhancement Grant *
- Newsletter - 1st Issue – to all healthcare education programs*
- American Association of State Medical Boards, Council of State & Territorial Epidemiologists,* HRSA Health Workforce Technical Assistance Center, Southern Demographic Society & more
- Virginia Behavioral Health Task Force
- Several State organizations, including Department of Aging and Rehabilitative Services, Joint Legislative Audit and Review Commission, Joint Commission on Health Care, Schools of Medicine, Pharmacy & Dentistry

Virginia Department of Health Professions

Workforce Connection: Labor Market Information

Virginia Workforce Connection

https://www.vawc.virginia.gov/vosnet/Default.aspx

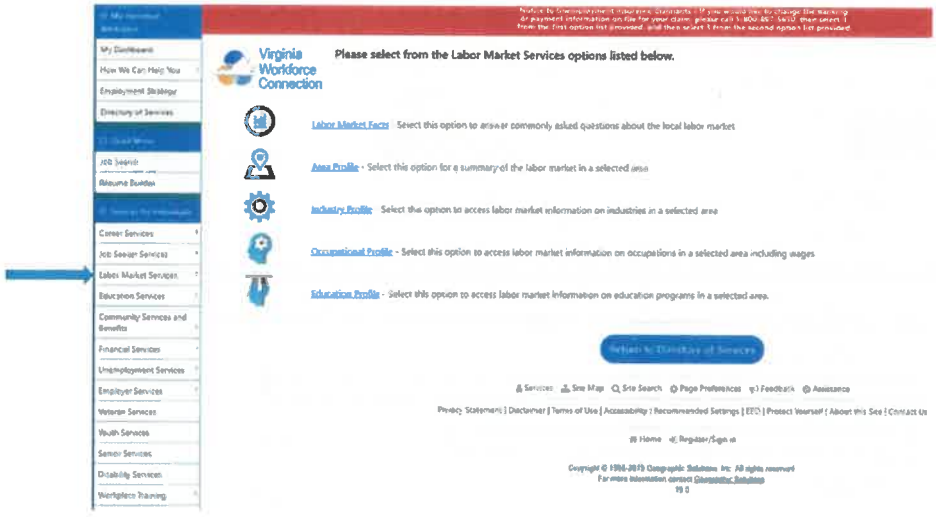
1- Select "Job Seekers," "Labor Market Services:"

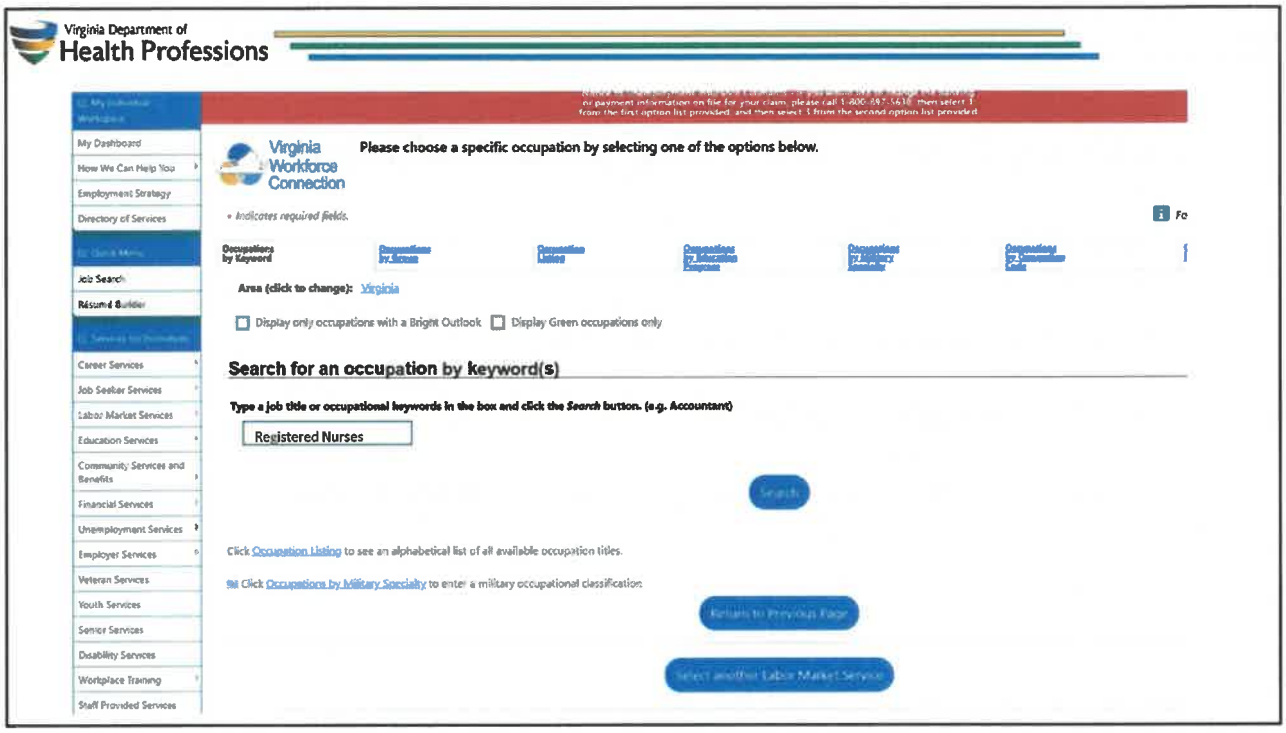
2 - Select "Occupational Profile:"

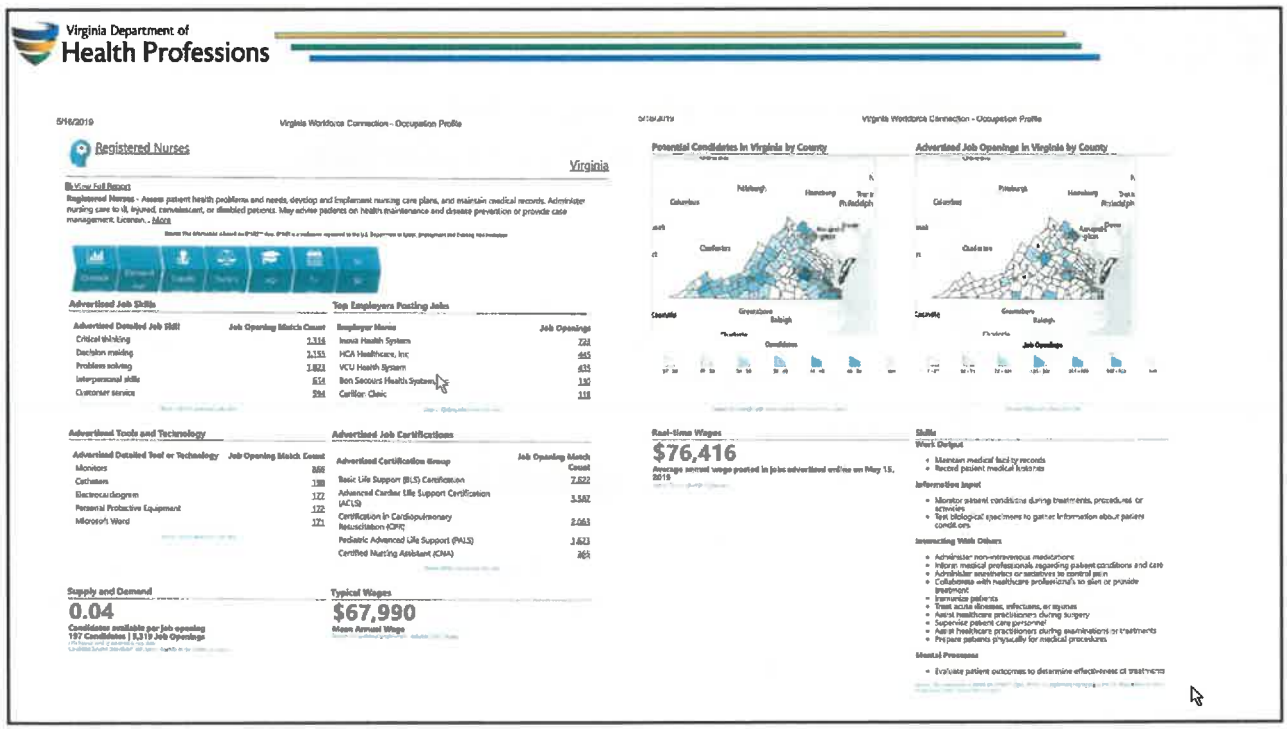
3- Select from the "Occupation Listing" or type in "Registered Nurses"

Virginia Department of Health Professions

Virginia Workforce Connection – Labor Market Services




Virginia Department of
Health Professions
My Dashboard
How We Can Help You
Employment Strategy
Directory of Services
Job Search
Résumé Builder
Career Services
Job Seeker Services
Labor Market Services
Education Services
Community Services and Benefits
Financial Services
Unemployment Services
Employer Services
Veteran Services
Youth Services
Senior Services
Disability Services
Workplace Training
Staff Provided Services
Virginia Workforce Connection
Please choose a specific occupation by selecting one of the options below.
* Indicates required fields.
Occupations by Keyword
Area (click to change): Virginia
Display only occupations with a Bright Outlook
Display Green occupations only
Search for an occupation by keyword(s)
Type a job title or occupational keywords in the box and click the Search button. (e.g. Accountant)
Registered Nurses
Search
Click Occupation Listing to see an alphabetical list of all available occupation titles.
Click Occupations by Military Specialty to enter a military occupational classification.
Return to Previous Page
Select another Labor Market Service


Virginia Department of
Health Professions
5/16/2019
Virginia Workforce Connection - Occupation Profile
Registered Nurses
Virginia
Advertised Job Skills
Top Employers Posting Jobs
Advertised Tools and Technology
Advertised Job Certifications
Supply and Demand
0.04
Typical Wages
$67,990
Potential Candidates in Virginia by County
Advertised Job Openings in Virginia by County
Real-time Wages
$76,416
Skills

Virginia Department of Health Professions

From U. S Bureau of Labor Statistics Estimates & Projections

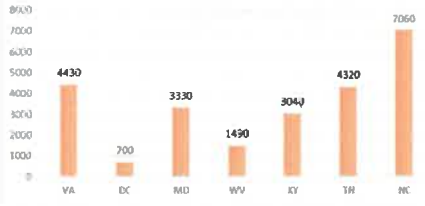
Registered Nurse
BLS Projected Percent Employment Growth 2016-2026
U.S. vs. Virginia & Nearby States

The projected percent growth in RN employment is strong – in the double digits – nationally, in Virginia and surrounding states. Tennessee and North Carolina exceed Virginia.

Nearly 16,000 additional jobs are projected for North Carolina, 11,000 for TN and 9,300 for Virginia during 2016-2016.

Registered Nurse
Base vs. Projected Jobs in Virginia & Border States
BLS Estimates 2016-2026

Registered Nurse
BLS Projected Annual Average Job Openings 2016-2026



BLS projection for Virginia's average annual RN job openings exceeds that for all surrounding states except North Carolina. North Carolina far outpaces the other states by over half.

Charts prepared by DHP HWDC, Source Data: Long Term Occupational Projections (2016-2026) Projections Central. Accessed Mar 8, 2019 at http://www.projectionscentral.come/Projections/LongTerm.
Presentation to the Board of Nursing on 2018 RN, LPN, and CNA DHP HWDC Survey Results - Mar. 19, 2019

Virginia Department of Health Professions

HRSA Health Workforce

https://bhw.hrsa.gov/health-workforce-analysis/research/projections

*Links to HRSA's latest efforts to project national supply and demand for various healthcare professions through its National Center for Health Workforce Analysis.**
Links to methodology for their microsimulation modeling.

Virginia Department of Health Professions

QUESTIONS?

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PSYPACT

FOR IMMEDIATE RELEASE
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PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT) BECOMES OPERATIONAL

GEORGIA – On April 23rd, 2019, Georgia Governor Brian Kemp signed GA HB 26 into law making Georgia the eighth state to enact the Psychology Interjurisdictional Compact (PSYPACT). Georgia joins seven other PSYPACT participating states including Arizona, Utah, Nevada, Colorado, Nebraska, Missouri, and Illinois. The compact, developed by the Association of State and Provincial Psychology Boards (ASPPB), is set to become operational as soon as it becomes effective in seven states. PSYPACT legislation in Illinois (IL HB 1853) included an effective date of January 1, 2020, and therefore, Illinois does not officially join PSYPACT until that date. As legislation in Georgia is effective upon approval by the Governor, Georgia has become the next PSYPACT participating state required to make PSYPACT operational.

ASPPB CEO Dr. Mariann Burnetti-Atwell remarked, "ASPPB is excited to announce with the recent signing by Georgia's Governor Brian Kemp of GA HB 26, the much-awaited Psychology Interjurisdictional Compact is now ready to assist licensed psychologist to practice psychology across state lines. These are exciting times for the psychologist and for the individuals they will serve."

Psychology joins other healthcare professions utilizing interstate compacts to address the regulation of interstate practice. PSYPACT is an interstate compact specifically designed to facilitate the practice of telepsychology and the temporary face-to-face practice of psychology across state lines. Upon becoming operational, each PSYPACT participating state will select one Commissioner to serve as that state's representative on the PSYPACT Commission. The PSYPACT Commission is the governing body of PSYPACT and is responsible for the drafting and publication of PSYPACT Bylaws and Rules. Upon completion of these documents and finalization of requirements for the ASPPB E.Passport Certificate (for telepsychology) and Interjurisdictional Practice Certificate (for temporary practice), the process will open for licensed psychologists to apply for/begin using these certificates and practicing under the authority of PSYPACT.

According to ASPPB President Dr. Gerald O'Brien, "PSYPACT will promote further cooperation and standardization of requirements among psychology licensing boards, and consequently will improve access to psychological services while serving to protect consumers."

ASPPB is excited about the progress of PSYPACT and will be providing updates regarding developments of the PSYPACT Commission and the application process for the E.Passport and IPC. If you would like to join our PSYPACT email listserv to receive updates, please email info@psypact.org and request to join the listserv. If you would like more information about PSYPACT, please visit our website at www.psypact.org.

PSYPACT FAQs

Compacts

Q1. What is an interstate compact?

A1. Interstate compacts are powerful, durable, and adaptive tools for ensuring cooperative action among the states. Interstate compacts provide a state-developed structure for collaborative and dynamic action, while building consensus among the states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action: developing and enforcing stringent standards, while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- Establish a formal, legal relationship among states to address common problems or promote a common agenda.
- Create independent, multistate governmental authorities (e.g., commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally.
- Establish uniform guidelines, standards, or procedures for agencies in the compact's member states.
- Create economies of scale to reduce administrative and other costs.
- Respond to national priorities in consultation or in partnership with the federal government.
- Retain state sovereignty in matters traditionally reserved for the states.
- Settle interstate disputes.

Q2. Must Congress approve an interstate compact?

A2. Article I, Section 10 of the U.S. Constitution provides in part that "no state shall, without the consent of Congress, enter into any agreement or compact with another state." Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states' ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing

upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

Q3. Will my state's constitution permit the creation and/or joining of such a compact?

A3. Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter into compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia vs. Sims*, 341 U.S. 22 (1951).

Q4. How prevalent are interstate compacts?

A4. More than 200 interstate compacts exist today. Typically, a state belongs to more than 20 interstate compacts.

Q5. What types of interstate compacts exist?

A5. Although there are many types of interstate compacts, they generally are divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as "regulatory" or "administrative" compacts. Such compacts are a development of the twentieth century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:

    - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
    - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
    - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
    - Washington Metropolitan Area Transit Regulation Compact: Regulate passenger transportation by private carrier.
    - *1921 Port Authority of New York-New Jersey Compact*: Provides joint agency regulation of transportation, terminal and commerce/trade facilities in the New York metropolitan area.

  Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** These types of compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress's approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.

- **Advisory Compacts:** These types of compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state's boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).

Q6. Are all regulatory interstate compacts in the field of healthcare alike?

A6. No, depending on the needs of the profession, interstate compacts addressing regulatory matters within the healthcare field can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. Two examples involve the professions of medicine and nursing. Medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Psychology already had a mechanism to address expedited licensure, the Certificate of Professional Qualification in Psychology (CPQ), but needed a way to regulate the practice of telepsychology across state lines as well as provide some consistency among the states around temporary in-person, face-to-face practice. Thus, the interstate compact model is a feasible solution to regulate this type of practice across state lines within the profession of psychology.

Q7. What are the advantages of an interstate compact?

A7. Interstate compacts provide an effective solution in addressing multi-state issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states and yet which have regional or national implications.

Compacts afford states the opportunity to develop dynamic, self-regulatory systems over which the participating states can maintain control through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states.

The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

Q8. What are the disadvantages of an interstate compact?

A8. Interstate compacts may often require a great deal of time to both develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive "sameness" prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to particular matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the twentieth century as an out-growth of creating the modern administrative state.

However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

Q9. How is an interstate compact created?

A9. Compacts are essentially contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more other states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

Q10. What does a recent interstate compact look like?

A10. The compact should contain the minimum basics upon which it needs to operate, both in terms of the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework upon which to build. The rules are the actuators of the compact, containing the details of state interaction, how information will be shared, what standards and practices will be followed, forms used, timelines established, etc. By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.

PSYPACT FAQs

History

Q1. How was PSYPACT developed?

A1. The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. ASPPB, the alliance of psychology licensing boards in the United States and Canada, was approached by its members to develop a mechanism to assist in the regulation of telepsychology. In doing so, ASPPB in partnership with the psychology licensing boards and other stakeholder organizations, developed PSYPACT via the following steps:

- **ASPPB Telepsychology Task Force:** ASPPB created a Task Force to review various options for the regulation of telepsychology. The ASPPB Telepsychology Task Force met several times and originally focused on the possibility of creating a certificate to assist in the regulation of telepsychology. This option was presented to the membership, and the membership questioned what type of agreement could be created between jurisdictions to address this issue. An Advisory Group was formed to review options for agreements, including interstate compacts.

- **Advisory Group:** Composed of more than 14 regional and national psychology organizations as well as state officials, the Advisory Group examined the challenges encountered by clients receiving telepsychological services. The group then reviewed the feasibility of drafting a compact as a way of regulating telepsychological services as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met once in 2014. Their work culminated in a set of broad recommendations as to what the final compact product should entail.

- **Drafting Team**: The ASPPB Telepsychology Task Force reconvened and served as the drafting team for the new compact. The Drafting Team was tasked with implementing, via a draft compact, the thoughts, ideas and suggestions of the Advisory Group as well as incorporating the original work of the Task Force. The eight (8) member Drafting Team, composed of compact and issue area experts, crafted the recommendations, as well as provided their thoughts and expertise, into the draft compact. The document was then open for comment in September 2014 for both the stakeholders as well as public. After the public feedback period, the Drafting Team made modifications as needed based on the feedback. When presented to the ASPPB membership, the feedback was to include not only telepsychology in the compact but to also include a mechanism for temporary in-person, face-to-face practice. The Drafting Team added that component to the draft compact language and the ASPPB Board of Directors voted to approve the final Psychology Interjurisdictional Compact (PSYPACT) in February 2015.

- **PSYPACT Advisory Workgroup:** A workgroup comprised of ASPPB Board of Directors and staff, members and staff from state psychology licensing boards and representatives from the American Psychological Association (APA) and the Council of Executives of State, Provincial (and Territorial) Psychological Associations (CESPPA), convened in July 2015 to devise an implementation plan for PSYPACT and create resource materials about PSYPACT.

PSYPACT FAQs

General

Q1. What is PSYPACT?

A1. PSYPACT is an interstate compact designed to allow licensed psychologists to practice of telepsychology and conduct temporary in-person, face-to-face practice of psychology across state boundaries legally and ethically without necessitating that an individual become licensed in every state to practice.

Q2. When does PSYPACT become operational?

A2. PSYPACT becomes operational once seven (7) states enact PSYPACT and enter into the compact. Check with us often for status updates on the progress of PSYPACT!

Q3. Why are seven states required to join PSYPACT before it can become operational?

A3. PSYPACT becomes operational after seven states have enacted PSYPACT. A workgroup of stakeholders from various psychology organizations determined seven states would be the critical mass needed to make PSYPACT a useful and viable instrument to practice under the authority of PSYPACT across state lines. Coincidentally, other compacts like the Interstate Medical Licensure Compact have used seven states as a benchmark for their compact to become operational.

Q4. What happens when PSYPACT becomes operational?

A4. PSYPACT becomes operational when seven states enact the PSYPACT Model Legislation. When this occurs, the PSYPACT Commission is then created. The Commission is the governing body of PSYPACT and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed psychologists can then apply for one or more of the certificates required to participate in PSYPACT: the E.Passport to practice telepsychology and the Interjurisdictional Practice Certificate (IPC) for the temporary in-person, face-to-face practice of psychology.

Q5. What is the role of the PSYPACT Commission?

A5. The Commission is the governing body of PSYPACT and is comprised of one representative from each PSYPACT state. The Commission is responsible for implementing the Rules and Bylaws of PSYPACT.

Q6. What is the relationship between the PSYPACT Commission and ASPPB?

A6. The PSYPACT Commission operates as the free-standing governing body of PSYPACT. ASPPB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission.

Q7. How can I learn more about PSYPACT?

A7. Contact us at info@psypact.org! You can also sign up for our PSYPACT listserv to receive updates about the progress of PSYPACT and stay informed about legislative changes or follow us on Twitter @PSYPACT.

Telepsychology

Q1. What is telepsychology?

A1. Telepsychology is defined as "provision of psychological services using telecommunication technologies." For additional information about telepsychology, please refer to *the APA Guidelines for the Practice of Telepsychology* developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists comprised of members from the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB) and the Trust.

According to Article II, telepsychology is defined as "provision of psychological services using telecommunication technologies."

Q2. How has telepsychology proven to be effective modality of treatment?

A2. Research has shown that psychological and other mental health services are particularly conducive for the use of telecommunication modalities since they are most frequently conducted through verbal communications without the need of expensive and elaborate medical equipment or physical intervention (Brenes, Ingraham & Danhaur 2011; Newman, 2004; Smith, Fagan, Wilson, Chen, Corona & Nguyen, 2011, Gilman & Stensland, 2013). Additionally, using telehealth procedures for psychological treatment has been repeatedly demonstrated to be effective (Barak, Hen, Boniel-Nissim & Shapira, 2008; Epstein, 2011) and provides several advantages over traditional treatment methods such as accessibility, versatility and affordability (Wencesalo, 2012).

Given the urgency and gravity oftentimes associated with situations involving mental health treatment, psychologists have already been delivering services via telehealth within states where they are licensed to provide access to care in emergency situations and to underserved populations as well as provide continuity of care as patients travel and relocate and ensure overall patient safety. Additionally, the provision of services through telehealth affords the opportunity to reach populations that are geographically isolated, that avoid needed mental health care due to stigma of mental illness or that lack specialty care. Individuals in rural parts of the country could especially benefit from increased availability of telehealth services provided by qualified licensed psychologists who are not physically located in their local area or even nearby community (Dollinger & Chwalisz, 2011; McCord, Elliot, Wendel, Brossart, Cano, Gonzalez & Burdine, 2011). Although evidence continues to accumulate about the effectiveness and applicability of telehealth services, the use of technologically enhanced methodologies by licensed psychologists has been restricted in large part because of the barriers imposed by the state based system of psychology regulation through psychology licensing boards (Baker & Bufka, 2011; Harris and Younggren, 2011).

See Appendix A for a list of references.

Temporary In-Person, Face-to-Face Practice

Q1. Why is PSYPACT applicable to only temporary in-person, face-to-face practice and not applicable to permanent practice?

A1. The Certificate of Professional Qualifications in Psychology (CPQ), developed by ASPPB, expedites the licensure process for qualified psychologists and is utilized by 45 states. PSYPACT affords the opportunity to provide in-person, face-to-face services on a temporary basis without necessitating licensure in every state.

If a psychologist wishes to establish a permanent practice, he or she must obtain a license within that state and must practice under the licensing authority of that state and can use certifications like the CPQ to apply for licensure.

Article I – "Whereas this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice."

Q2. Why is temporary in-person, face-to-face practice limited to 30 days within a calendar year?

A2. The limit of 30 days within a calendar year for temporary in-person, face-to-face practice was established so that individuals who intend to practice for a significant number of days must become licensed and must practice under the licensing authority of that state. The 30-day limit is per PSYPACT state in which temporary in-person, face-to-face practice was conducted within a calendar year.

Article I – "Whereas this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority."

PSYPACT FAQs

Requirements of PSYPACT

Q1. Why is a doctoral degree in psychology not specified in PSYPACT?

A1. The prevailing standard in the United States for the profession of psychology is for an individual to possess a doctoral degree in psychology. The E.Passport will require a doctoral degree in psychology. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as educational requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

Articles IV and V, Section B – "Hold a graduate degree in psychology from an institute of higher education that was, at the time of the degree was awarded: A. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial statute or Royal Charter to grant doctoral degrees; OR B. A foreign college or university deemed to be equivalent to 1 (A) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service."

Q2. Why is residency not specially defined in PSYPACT?

A2. The E.Passport will define residency as the physical presence, in person, at the educational institution granting the doctoral degree in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty-student interaction. However, PSYPACT is written in a way to be definitive in nature but also allow for flexibility and growth in the future as the profession of psychology continues to evolve and change. Standards within the PSYPACT language are written so as not to be too high to limit the number of eligible participants and not allow for growth within the profession but also not to be too low to allow for too many unqualified participants and provide a lesser degree of public protection. Criteria, such as residency requirements, within PSYPACT are designed to be stringent yet flexible enough to satisfy changes in the profession. Once PSYPACT is enacted, it cannot be altered again unless additional legislative changes are made.

Articles IV and V, Section B 2(j) - The graduate degree in psychology must be a program that "includes an acceptable residency as defined by the Rules of the Commission."

Q3. Why must a psychologist have no adverse actions that violate the Rules of the Commission or have no criminal record history in order to be eligible to participate in PSYPACT?

A3. A licensed psychologist's participation in PSYPACT requires that he or she meet a defined set of criteria as stated in PSYPACT. By obtaining an E.Passport to practice telepsychology and/or an IPC to conduct temporary in-person, face-to-face practice, a psychologist has met this criteria, thus allowing he or she to practice into PSYPACT states where they may not hold a license to practice psychology.

Through a state's participation in PSYPACT and a psychology licensing board's acknowledgement of the E.Passport and the IPC, boards do not conduct the full assessment and review as required when

reviewing an individual's application for licensure. Rather, they rely on PSYPACT and these certifications to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in PSYPACT will not be reviewed by a board on a case by case basis.

Articles IV and V, Sections B 4 and 5, a participant must "Have no history of adverse action that violate the Rules of the Commission" and "Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission."

Q4. Can an individual with a master's degree in psychology practice under the authority of PSYPACT?

A4. At this time, the E.Passport and the IPC, which are the certificates required to practice telepsychology and/or conduct temporary in-person, face-to-face practice under the authority of PSYPACT, require that an individual possess a doctoral degree in psychology. Currently, those individuals who are eligible for independent practice at the master's level are ineligible to apply for the E.Passport and/or the IPC and therefore cannot practice under the authority of PSYPACT. Individuals who obtain a license to practice psychology through their master's degree are ineligible to apply for E.Passport and/or IPC. However, in these situations, it does not mean that these individuals are incompetent to provide psychological services in states where they are licensed.

PSYPACT FAQs

Discipline

Q1. What happens when an individual's E.Passport and/or IPC are revoked?

A1. An individual can no longer practice under the authority of PSYPACT if his or her E.Passport and/or IPC are revoked. It is important to note that an individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in PSYPACT. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice psychology should be granted.

Articles IV and V, Section E – "If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology" and "If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice."

Q2. What happens if a psychologist's license is revoked?

A2. The revocation of a license for a psychologist practicing under the authority of PSYPACT means his or her E.Passport and/or IPC will be revoked as well as their authority to practice under PSYPACT. It is important to note that PSYPACT cannot revoke an individual's license. Rather, the Home State can revoke an individual's license and PSYPACT can revoke their Authority to Practice Interjurisdictional Telepsychology and/or the Temporary Authorization to Practice.

Articles IV and V, Sections D and E – "A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Home State's authority and laws. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice."

Q3. What happens if a psychologist enters into an alternative program while practicing under the authority of PSYPACT?

A3. A psychologist's authority to practice and E.Passport and/or IPC are not revoked while a psychologist is in an alternative program. However, a psychologist cannot provide services as defined under PSYPACT during the time of the alternative program. It is the responsibility of the PSYPACT state to notify the

Commission that a psychologist has entered into such a program and that their practice is temporarily surrendered.

Article VII Section F – "Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program."

Q4. Why isn't a separate license required in every PSYPACT state to practice telepsychology or to conduct temporary in-person, face-to-face practice?

A4. PSYPACT was created to provide an accessible and manageable regulatory structure for the practice of telepsychology and temporary in-person, face-to-face practice. Advantages to consumers are increased access to care, an avenue for complaints and a greater degree of public protection. Psychologists also have a means to provide services into other states where they may not currently hold a license. PSYPACT requires that a psychologist be licensed in their Home State but allows a psychologist to practice telepsychology in a Receiving State or conduct temporary in-person, face-to-face practice in a Distant State. This allows the Home State to continue to regulate and also allows the Receiving States and Distant States to know who is practicing in their state and in what capacity without requiring psychologists to obtain and maintain a license in every PSYPACT state.

PSYPACT FAQs

Impact on States

Q1. How does PSYPACT promote compliance with laws governing psychological practice in each PSYPACT state?

A1. Licensing requirements vary state to state. As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, PSYPACT serves as mechanism in which states agree to accept psychologists that have met a defined level of standards who are practicing in their state via telepsychology or temporary in-person, face-to-face practice.

Article I – "Promote compliance with the laws governing psychological practice in each Compact State."

Q2. Several types of states are defined within PSYPACT. What do they mean and how are they different?

A2. A psychologist must be licensed to practice psychology in their **Home State** in order to practice telepsychology or conduct temporary in-person, face-to-face practice as defined in PSYPACT.

- If the psychologist is licensed in more than one **Compact State** and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the **Home State** is the **Compact State** where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one **Compact State** and is practicing under the Temporary Authorization to Practice, the **Home State** is any **Compact State** where the psychologist is licensed.
- Should a licensed psychologist want to practice telepsychology from their **Home State**, services would be provided into a **Receiving State**.
- Should a licensed psychologist want to conduct temporary in-person, face-to-face practice, services would be rendered within a **Distant State**.
- It is important to note that should any adverse actions be taken, all states will be notified.

Article II

- *Compact State: "A state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B."*
- *Distant State: "The Compact State where a psychologist is physically present (not through using telecommunications technologies), to provide temporary in-person, face-to-face psychological services."*
- *Home State: "A Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed."*
- *Non-Compact State: "Any State which is not at the time a Compact State."*
- *Receiving State: "A Compact State where the client/patient is physically located when the telepsychological services are delivered."*

Q3. Other compacts indicate practice originates where the patient is located. According to PSYPACT, practice originates where the psychologist is located. Why is PSYPACT structured like this?

A3. PSYPACT indicates Home State is where the psychologist is licensed. Regulatory authority rests with the state where the psychologist is licensed. Disciplinary actions against a license may only be taken by the state where the psychologist is licensed. Therefore, it is important to allow the Home State to have authority over psychologists licensed in their state and set the standards and procedures for discipline.

Article II – "Home State means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed."

Q4. How do rules of PSYPACT apply to state laws?

A4. The rules of PSYPACT are only applicable to states that enact PSYPACT. The rules of PSYPACT would only supersede any state law pertaining to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice.

Article II – "Rule means a written statement by the Interjurisdictional Psychology Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the Amendment, repeal or suspension of an existing Rule."

Q5. Can a state withdraw from PSYPACT?

A5. A state can withdraw from PSYPACT by repealing the PSYPACT Model Legislation. The withdrawal shall not take effect until six (6) months after enactment of the repealing Statue.

Withdrawal will not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

Article XIII, Section C – "Any Compact State may withdraw from this Compact by enacting a Statute repealing the same."

Q6. Does PSYPACT impact state's rights?

A6. PSYPACT does not impact a state's right or ability to issue a license. It is applicable to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice and only takes precedence over state laws regarding this type of interjurisdictional practice. For example, any licensed psychologist must obtain an E.Passport to practice telepsychology under the authority of PSYPACT and must have three (3) hours of continuing education training in technology as required by the E.Passport. Should a PSYPACT state not require continuing education, this requirement of PSYPACT would supersede the state's authority.

PSYPACT FAQs

Impact on Psychologists

Q1. As a psychologist, how do I utilize PSYPACT?

A1. Once PSYPACT becomes operational, psychologists can apply for the E.Passport and/or IPC, which are required to practice telepsychology and/or temporary in-person, face-to-face practice in PSYPACT states through the following steps:

To practice telepsychology:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) E.Passport to practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of telepsychological practice into each PSYPACT state.
- Complete continuing education requirements for E.Passport.
- Annually renew the E.Passport.

To conduct temporary in-person, face-to-face practice:

- Apply for and obtain the Association of State and Provincial Psychology Boards (ASPPB) Interjurisdictional Practice Certificate (IPC) to conduct temporary in-person, face-to-face practice telepsychology in PSYPACT states and pay associated certification fees.
- Identify and notify ASPPB and the PSYPACT Commission of temporary in-person, face-to-face practice into each PSYPACT state.
- Annually renew the IPC.

Q2. I am a psychologist licensed in both the Home State and Receiving/Distant States. Why does PSYPACT not apply to me?

A2. By already being licensed in the Home State and Receiving/Distant States, an individual has already established full rights to practice in these states, and therefore, PSYPACT is not applicable to these individuals. PSYPACT only applies to the interjurisdictional practice of telepsychology and/or temporary in-person, face-to-face practice.

Article I – "Whereas this compact does not apply when a psychologist is licensed in both the Home and Receiving state."

Q3. What happens when laws conflict within PSYPACT states (e.g. duty to warn laws, child/elder abuse laws, recording keeping rules, etc.)?

A3. Currently, there is no easy answer to this question. If a psychologist is in one state and a patient is in another, it can be confusing which laws to follow and which laws take precedence. A good example is the "duty to warn" standards among the states. States like California have a mandatory "duty to warn/protect" requirement, in Pennsylvania there is a mandatory duty to use reasonable care to protect by warning while other states like Texas have more permissive requirements. In some states, like North Dakota and Nevada, there is no duty to warn or protect requirement. These differences make it very difficult for psychologist to know what standard to apply when practicing telepsychology. Under

PSYPACT, this is simplified as this process is defined in the legislation. Compact States agree to the following:

- If a psychologist is practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology, he or she is subject to the Home State's authority and laws.
- If a psychologist is practicing into a Distant State under the Temporary Authorization to Practice, he or she will be subject to the Distant State's authority and law.

However, psychologists must be aware of each state's laws where they are conducting practice. Statutes and regulations pertaining to the practice of psychology vary from state to state.

PSYPACT FAQs

Impact on Consumers

Q1. How does PSYPACT ensure the public is better protected from harm?

A1. PSYPACT is a mechanism that can ensure public protection and improve access to care while easing the barriers for competent and qualified psychologists through the following:

- All psychologists must hold an active license in their Home State and an active E.Passport and/or Interjurisdictional Practice Certificate, which has acceptable education and training requirements.
- Although psychologists are not required to have a license in the Receiving and/or Distant State, they must meet established criteria, have had no disciplinary sanctions, and provide regular updates on their intended practice activities.
- States will have access to a real-time, searchable database that provides information about where and in what capacity E.Passport and IPC holders are intending to practice within their state.
- PSYPACT provides a structure for the receiving state to revoke the psychologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. PSYPACT allows the Home State to impose discipline regarding the practice in other states.

Through PSYPACT, states can be assured that their consumers will be receiving care from qualified psychologists and have improved access to care. States will now have a means to identify telepsychology and temporary practice providers in their state as well as have a procedure to address disciplinary sanctions.

Q2. Why is PSYPACT important to consumers?

A2. Through PSYPACT, consumers will have greater access to care. PSYPACT will allow licensed psychologists to provide continuity of care as clients/patients relocate. Psychologists will also be able to reach populations that are currently underserved, geographically isolated or lack specialty care.

Additionally, states will have an external mechanism that accounts for all psychologists who may enter their state to practice telepsychology or conduct temporary in-person, face-to-face practice, thus indicating psychologists have met defined standards and competencies to practice in other states. PSYPACT will also help states ensure the public will be better protected from harm.

Appendix A – References

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PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e. the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state;

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;

2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;

3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;

4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;

5. Promote compliance with the laws governing psychological practice in each Compact State; and

6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

ARTICLE II

DEFINITIONS

A. "Adverse Action" means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards (ASPPB)" means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means: a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

D. "Bylaws" means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.

E. "Client/Patient" means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.

F. "Commissioner" means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.

G. "Compact State" means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.

H. "Coordinated Licensure Information System" also referred to as "Coordinated Database" means: an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws,

which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

I. "Confidentiality" means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.

J. "Day" means: any part of a day in which psychological work is performed.

K. "Distant State" means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.

L. "E.Passport" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.

N. "Home State" means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.

O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-Person, Face-to-Face" means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate (IPC)" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.

R. "License" means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Non-Compact State" means: any State which is not at the time a Compact State.

T. "Psychologist" means: an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means: the national administration of which all Compact States are members.

V. "Receiving State" means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

W. "Rule" means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if

required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.

Z. "State Psychology Regulatory Authority" means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means: the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means: a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;

4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or

other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;

2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;

4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

    a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR

    b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND

2. Hold a graduate degree in psychology that meets the following criteria:

    a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

    b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

    c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full- time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;

j. The program includes an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. Have no history of adverse action that violate the Rules of the Commission;

5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;

6. Possess a current, active E.Passport;

7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

    a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR

    b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND

2. Hold a graduate degree in psychology that meets the following criteria:

    a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

    b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;

    c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

d. The program must consist of an integrated, organized sequence of study;

e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

f. The designated director of the program must be a psychologist and a member of the core faculty;

g. The program must have an identifiable body of students who are matriculated in that program for a degree;

h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

i. The curriculum shall encompass a minimum of three academic years of full- time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;

j. The program includes an acceptable residency as defined by the Rules of the Commission.

3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;

4. No history of adverse action that violate the Rules of the Commission;

5. No criminal record history that violates the Rules of the Commission;

6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;

2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

   1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.

   2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.

   3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or

disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against a psychologist's license;
5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
6. Non-confidential information related to alternative program participation information;
7. Any denial of application for licensure, and the reasons for such denial; and
8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

1. The Commission is a body politic and an instrumentality of the Compact States.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

   a. Executive Director, Executive Secretary or similar executive;

   b. Current member of the State Psychology Regulatory Authority of a Compact State; OR

   c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in

the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.

4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.

5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

    a. Non-compliance of a Compact State with its obligations under the Compact;

    b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;

    c. Current, threatened, or reasonably anticipated litigation against the Commission;

    d. Negotiation of contracts for the purchase or sale of goods, services or real estate;

    e. Accusation against any person of a crime or formally censuring any person;

    f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

    g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

h. Disclosure of investigatory records compiled for law enforcement purposes;

i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or

j. Matters specifically exempted from disclosure by federal and state statute.

7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;

2. Providing reasonable standards and procedures:

a. for the establishment and meetings of other committees; and

b. governing any general or specific delegation of any authority or function of the Commission;

3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an

opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;

4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;

5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;

6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;

7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;

8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;

9. The Commission shall maintain its financial records in accordance with the Bylaws; and

10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;

2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

3. To purchase and maintain insurance and bonds;

4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;

5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;

8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;

9. To establish a budget and make expenditures;

10. To borrow money;

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;

12. To provide and receive information from, and to cooperate with, law enforcement agencies;

13. To adopt and use an official seal; and

14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of six members:
    a. Five voting members who are elected from the current membership of the Commission by the Commission;
    b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.

5. The Executive Board shall have the following duties and responsibilities:

a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
c. Prepare and recommend the budget;
d. Maintain financial records on behalf of the Commission;
e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
f. Establish additional committees as necessary; and
g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.

2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.

3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person’s intentional or willful or wanton misconduct.

3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission

employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

   1. On the website of the Commission; and

   2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

   1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

   2. The text of the proposed rule or amendment and the reason for the proposed rule;

   3. A request for comments on the proposed rule from any interested person; and

   4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five (25) persons who submit comments independently of each other;

2. A governmental subdivision or agency; or

3. A duly appointed person in an association that has having at least twenty-five (25) members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;

2. Prevent a loss of Commission or Compact State funds;

3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule.

A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
    a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and
    b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.
4. A Compact State which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney’s fees.

C. Dispute Resolution

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

   1. A Compact State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

   2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

EPPP

EPPP (Part 2-Skills)

Thank you for visiting the EPPP (Part 2-Skills) Information Page. A component of the EPPP, this is a computer based examination which assesses the skills needed for entry level licensure. On this web page you will find substantial information about the development (including its competency based foundation) and current status of the EPPP (Part 2-Skills). The exam is scheduled to launch in January 2020.

EPPP (Part 2-Skills) INFORMATION

Why Become An Early Adopter

Exam Overview

Why?

Format of the Exam

Validity

COMPETENCY INFORMATION

Job Task Analysis Report (2016)

ASPPB Competencies Expected (2017)

Brief History of the Competency Movement in Psychology

SAMPLE ITEMS

Comprehensive Overview

EPPP (Part 2-Skills) Candidate Handbook (Coming Soon)

My Profile
» Profile Home
» Manage Profile
» Groups
» Messages
» Membership Info
» Refer a Friend

FAQs & Latest News more

8/12/2019
Registration Open for ASPPB's 59th Annual Meeting

4/23/2019
PSYPACT becomes Operational

3/18/2019
Call for ASPPB Volunteers

ASPPB Calendar more

10/15/2019 » 10/16/2019
BOD Meeting - Minneapolis, MN

10/16/2019 » 10/20/2019
Annual Meeting - Minneapolis, MN

10/24/2019 » 10/27/2019
ExC 2 Meeting - TBD

11/8/2019 » 11/10/2019
ExC 1 - Austin, TX

4/23/2020 » 4/26/2020
ASPPB 35th Midyear Meeting - Montreal

ASPPB
Association of State and Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:
EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)

Early adoption phase of the EPPP (Part 2-Skills)

Q: **What is the 'early adoption' phase?**
A: *Starting on January 1, 2020, licensing boards will have the opportunity to become an Early Adopter of The EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills).*

Q: **Can I take the EPPP (Part 2-Skills) if I haven't taken the EPPP (Part 1-Knowledge)**
A: *No. The EPPP (Part 1-Knowledge) will become the prerequisite for the EPPP (Part 2-Skills).*

Q: **I've already passed the EPPP (Part 1-Knowledge), do I have to take the EPPP (Part 2-Skills)?**
A: *ASPPB is recommending that candidates who pass the EPPP before December 31st, 2019, be exempt from taking the EPPP (Part 2-Skills).*

Q: **I haven't passed the EPPP (Part 1-Knowledge) yet, will I have to take the EPPP (Part 2-Skills)?**
A: *After January 1, 2020, if you are applying for licensure in an early adoption jurisdiction, then, yes, you will be required to take both parts of the exam.*

Q: **Who will approve me to sit for the EPPP (Part 2-Skills)?**
A: *Your state or provincial licensing board will make all decisions about eligibility.*

Q: **Do I need to score a 500 on each exam?**
A: *ASPPB's recommended passing score for both portions of the exam is a 500.*

Q: **How do I know if my state or province is an early adopter?**
A: *Check with your licensing board, and check our website for updates.*

The early adoption period is:
January 1, 2020 until December 31, 2021

Candidates from early adopter jurisdictions will be eligible for a reduced exam fee for the EPPP (Part 2-Skills) portion: (the EPPP (Part 1-Knowledge) fee will remain $600):

$100
for Beta Candidates
**not including test center or jurisdictional fees*

$300
After the Beta Exam closes, until 12/31/2021
**not including test center or jurisdictional fees*

$450
After 1/1/2022
**not including test center or jurisdictional fees*

ASPPB
Association of State and Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:
EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)

Format of the EPPP (Part 2-Skills)

The EPPP (Part 2-Skills) provides information on candidate understanding of how to proceed in applied situations. This is done by presenting case situations, or real world information, in a variety of item formats including:

Multiple Choice:	Candidate must choose the best choice of 3 responses.
Multiple Choice/ Multiple Response:	Candidate will be allowed to choose more than one response from a series of possible answers. For example, select 2 of 5 options.
Scenarios:	Presents information from an applied situation. Scenarios have up to 3 "Exhibits" which present additional information. This can be an animation, a description of an interview, a test protocol, or other data that adds information. Each Exhibit can have up to 5 questions that pertain to that part of the scenario.
Point and Click:	A graphical image is presented (ie. A test protocol, a business card, an advertisement, a letter, etc.) and the candidate may select one or more areas on the image to indicate a response to the question.
Drag and Drop:	Matching multiple appropriate stimuli on the left side of the screen to an appropriate response on the right side of the screen.

The EPPP (Part 2-Skills):

Questions: 170

Exam Time: 4 hr 15 min

Exam Breakdown:

Multiple Choice or Multiple Choice Multiple Response:	45%
Scenario Based Questions:	45%
Other Item Types:	10%

Validity of the EPPP (Part 2-Skills)

Because the EPPP (Part 2-Skills) is a new assessment, ASPPB has received many questions regarding the validity of the exam. The process of development of both the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) follows a rigid content validation methodology that complies with the Guidelines for the Standards in Educational Testing suggested by American Psychological Association (APA), American Educational Research Association (AERA), and the National Council on Measurement in Education (NCME).

Overview of the Process

Job Task Analysis (JTA) - A comprehensive study that involves Subject Matter Experts (SMEs) who are licensed psychologists that establish the knowledge and skills that are required for practice in psychology. The resulting requirements are sent via survey to thousands of licensed psychologists throughout the United States and Canada. The survey respondents indicate which areas are important for entry level practice. The results establish the test specifications (blue print) for the exam. Essentially, the expertise of licensed psychologists establishes what should be assessed by the exam.

Item Writing - SMEs write exam items according to the test specifications established from the JTA. All writers for the EPPP (Part 2-Skills) are licensed in the United States or Canada.

Item Review - Each item is reviewed by an Item Development Committee (IDC) SME in that Domain who is an established expert in that specific area. Items are reviewed in an iterative process between the reviewer and the item writer until the item is acceptable to both or discarded.

Exam Form Review - Each item is again reviewed prior to being placed on an exam by the Examination Committee. This committee is comprised of 10 SMEs who are psychologists that have particular expertise in each of the domains on the exam and represent various areas of psychology practice and training. Items that have been approved by the IDC are again reviewed for accuracy, relevancy to practice, clarity, and freedom from bias, among other factors.

Psychometric Review - Once approved by the Examination Committee, each item is pretested (or beta tested) prior to being an active item that is scored item on an exam. Items that do not perform well during pretesting, according to psychometric standards, are not included on a candidate's overall scores.

Standard Setting - The pass point of the exam is established though a rigorous review process called a standard setting. This involves a committee of SMEs who are licensed psychologists, most of whom are typically early career psychologists. These SMEs review the exam form item by item and provide rating data on difficulty. The data is analyzed to determine the appropriate pass point which represents the minimal knowledge or skills required for entry level practice.

These multiple levels of review by Psychologists and the ongoing analysis of psychometric data ensures that the examination is accurate, relevant, valid and legally defensible.

ASPPB
Association of State and Provincial Psychology Boards

THE EPPP

One Exam, Two Parts:
EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills)

Why is the EPPP (Part 2-Skills) needed?

Psychology and most regulated professions have embraced the move to competency and the assessment of competence. Until now, the universal standard across all jurisdictions has been the EPPP (Part 1-Knowledge). This has served its purpose very well for over 50 years. However, adding the EPPP (Part 2-Skills) will provide a more thorough assessment of competence.

Skills assessment has been left to each individual jurisdiction to determine based on their own rules. This is most often done by requiring a number of supervised hours, oral examinations, and letters of recommendations. All of these methods have known reliability concerns.

Licensing Boards are charged with ensuring that candidates approved for licensure are competent to practice. Many jurisdictions would like better information about the skill set of their candidates. The EPPP (Part 1-Knowledge) allows candidates to demostrate a universal standard of foundational knowledge. The EPPP (Part 2-Skills) will provide a valid, reliable and legally defensible measure for regulators to assess their candidates' demonstration of a universal standard of skills.

Jurisdictions interested in adopting the EPPP (Part 2-Skills) are encouraged to contact Dr. Matt Turner at mturner@asppb.org

A Brief History of the Competency Movement in Psychology

The Association of State and Provincial Psychology Boards

March 2016

A Brief History of the Competency Movement in Psychology

This paper provides a brief overview of the development and integration of competency in United States and Canadian psychology.

Early in the development of professional psychology in the United States, there was limited discussion about what constituted a competent psychologist. At the end of World War II in 1945, the U.S. Department of Veterans Affairs sought information from the American Psychological Association (APA) about educational programs that train psychologists to practice (Commission on Accreditation (CoA), 2006). Within a year, 22 programs were identified and de facto accreditation began in North America. In 1949, the Boulder conference for clinical psychology resulted in the Boulder Model of training to produce psychologists who were both scientists and practitioners (Raimy, 1950). This was the predominant model in psychology until 1973, when the Vail Model of clinical training was developed, focusing on the "practitioner-scholar" model of training (Korman, 1976). The Bolder and Vail models of training provide the primary philosophical frameworks today for the education of competent psychologists.

Likewise, in Canada, applied psychology training developed in the years after World War II, although clinical training occurred primarily at the Master's degree level. The Couchiching Conference in 1965 endorsed a scientist practitioner model of clinical training at the doctoral level and the whole field of psychology grew exponentially in that decade (Conway, 1984). However there continued to be regional and programmatic differences in both training models and degree types throughout Canada. It wasn't until 1984 that accreditation criteria were adopted by CPA, thus providing more standardization to the training curriculums.

At the end of World War II, psychology was not a regulated profession. In 1945 Connecticut was the first jurisdiction in the United States (Heiser, 1945) and Ontario in 1960 was the first province in Canada to develop laws to regulate the practice of psychology. Other states and provinces followed, some quickly and others more slowly, with the last state, Missouri, adopting licensure laws in 1977 and the last province, PEI in 1991. Although the mandate for all psychology boards and colleges is to license competent psychologists, currently the primary criteria employed in most jurisdictions in the United States and Canada to establish readiness to practice independently, is meeting education and hours of supervised professional experience requirements, as well as displaying foundational knowledge assessed by the EPPP, as opposed to the demonstration of specific skills in the practice of psychology.

The first major national initiative in the United States regarding the discussion of a competency model in psychology occurred in a 1986 National Council of Schools and Programs of Professional Psychology (NCSPP) (Bourg et al., 1987; Bourg, Bent, McHolland, & Stricker, 1989). Limited, but important changes in terms of the conceptualization of practice

competency (functional skills) occurred in the 1990s and early 2000s. In 1996, the APA Committee on Accreditation revised the Guidelines and Principles for Accreditation of Programs in Professional Psychology to emphasize training to competence, rather than the accumulation of supervised hours. In 1997, the Council of Counseling Psychology Training Programs and APA Division 17 created a new competency-based model for academic programs, and the 2001 Education Leadership Conference focused on developing an improved definition of the competencies psychologists should possess for independent practice.

The *Competencies 2002: Future Directions in Education and Credentialing in Professional Psychology* conference provided a major step forward for psychology to identify the core competencies for the practice of psychology and the means of training students to function competently. One conference workgroup developed the "culture of competence" framework (Roberts et al., 2005), and a second developed a useful competency model (Rodolfa et al., 2005) called the Competency Cube.

In 2001 (amended in 2004), the psychology regulators from the Canadian provinces and territories signed an agreement of mutual recognition to facilitate the mobility of qualified psychologists between Canadian jurisdictions and the establishment of core competencies required for licensure as a psychologist. The agreement provided qualified members of the profession with access to employment opportunities nationwide. The Canadian Mutual Recognition Agreement specifies a nationally agreed upon set of competencies for psychologists. These core competencies were established through an analysis of competencies developed by the APA and CPA accreditation criteria, and a review of competencies and other requirements set forth by the provinces (Edwards, 2000). The current Canadian Psychological Association (CPA) Accreditation Standards (5th revision, 2011) have been mapped onto these competencies.

The Competency Benchmarks Workgroup (Fouad et al., 2009) expanded the Rodolfa et al. Cube model and defined 15-core competencies fundamental to the practice of psychology. The Benchmarks Competency Workgroup itself recognized that its model was overly complicated for practical use by trainers (Fouad, 2009) and developed a revised six-competency cluster model (Hatcher et al., 2013).

In 2012 in response to the evolving landscape of education and training in psychology, and to requirements from the US Department of Education, the CoA decided to thoroughly review and revise their requirements for accreditation of Doctoral, internship and post-Doctoral programs (CoA, 2012). As a result the CoA began to develop the *Standards of Accreditation for Health Service Psychology (SoA).* These Standards go into effect in January, 2017. Part of the new SoA and the accompanying Implementing Regulations include the concepts of "discipline specific knowledge" and "profession-wide competencies." Discipline specific knowledge refers

to the core knowledge base expected for all psychologists and profession-wide competencies refers to the areas of competence required for health service psychology.

Concomitantly, in 2010 the Association of State and Provincial Psychology Boards (ASPPB) formed a task force to begin an investigation into the possibility of developing a skills-based assessment mechanism to accompany the knowledge based exam that was already required for licensure in all jurisdictions in Canada and the United States. In 2014 ASPPB developed the ASPPB Competencies Expected at the Point of Licensure based on a practice analysis (ASPPB, 2010) and data from licensing and training communities. In early 2016, ASPPB began the process of a job task analysis to review and validate these competencies. The development of these competencies will provide the foundation for a skills based examination to be used in combination with the Examination for Professional Practice in Psychology. This skills-based exam will allow psychology boards (in the US) and colleges (in Canada) to better assess the competencies for independent practice as a psychologist.

Some of this overview was summarized from Rodolfa et al (2014). For a more complete abstract of the history of the competency movement in Psychology, please refer to Rodolfa et al (2014). For more information about the history of competencies movement, please refer to the reference list accompanying this document.

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ASPPB

Plus

Program

PLUS Overview

Important Information about PSY|PRO

ASPPB has launched PSY|PRO, our online application management system. You may be familiar with the current PLUS Portal and one of the things we do here is regularly evaluate our programs and services, making changes based on user feedback. Many of our users are applicants who are using the system to bank information in the Credentials Bank, apply through the Psychology Licensure Universal System (PLUS), request EPPP Score Transfers or apply for the Interjurisdictional Practice Certificate (IPC) and Certificate of Professional Qualification in Psychology (CPQ). We are always looking for feedback and our applicants delivered. So, we made some changes to PSY|PRO that we think are pretty awesome and will enhance your credentialing experience.

As of July 2011, the PLUS system is being implemented in participating jurisdictions. If you are applying for licensure in one of those jurisdictions, you will need to contact that jurisdiction first before signing up with ASPPB for any service.

The Psychology Licensure Universal System® or "PLUS" is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada currently participating in the PLUS program. The PLUS also enables concurrent application for the ASPPB Certificate of Professional Qualification in Psychology (CPQ)® and the ASPPB Interjurisdictional Practice Certificate (IPC)®. All information collected as part of your application is deposited and saved in the ASPPB Credentials Bank®: a Credentials Verification & Storage Program (The Bank) where it can be accessed by you or forwarded to any other licensing board, organization, entity, or individual, upon request at any time in the future (transfer fees may apply).

In addition to forwarding your application to the requested licensing board or college, some forms and information will be forwarded to institutions, organizations and/or individuals where you completed your education, training, and experience, for verification. All information provided is also subject to primary source verification by ASPPB.

When you submit a PLUS application for licensure to a specific jurisdiction, all of the information that you provide is forwarded to that jurisdiction by ASPPB, where the licensing board/college will determine your eligibility for licensure. **ASPPB does not determine your eligibility for licensure.**

Current Participating Jurisdictions

- Alaska Board of Psychologists & Psychological Associate Examiners
- Georgia Board of Examiners of Psychologists
- Idaho Board Psychological Examiners
- Louisiana Board of Psychologist Examiners
- Mississippi Board of Psychology

My Profile
» Profile Home
» Manage Profile
» Groups
» Messages
» Membership Info
» Refer a Friend

FAQs & Latest News more

8/12/2019
Registration Open for ASPPB's 59th Annual Meeting

4/23/2019
PSYPACT becomes Operational

3/18/2019
Call for ASPPB Volunteers

ASPPB Calendar more

10/15/2019 » 10/16/2019
BOD Meeting - Minneapolis, MN

10/16/2019 » 10/20/2019
Annual Meeting - Minneapolis, MN

10/24/2019 » 10/27/2019
ExC 2 Meeting - TBD

11/8/2019 » 11/10/2019
ExC 1 - Austin, TX

4/23/2020 » 4/26/2020
ASPPB 35th Midyear Meeting - Montreal

- State of Nevada Board of Psychological Examiners
- Newfoundland and Labrador Psychology Board
- New Hampshire Board of Psychologists
- New Mexico Board of Psychologist Examiners
- North Dakota State Board of Psychologist Examiners
- Ohio State Board of Psychology
- Oklahoma Board of Examiners of Psychologists
- Psychological Association of Manitoba
- Texas State Board of Examiners of Psychologists
- Washington State Examining Board of Psychology
- Virgin Islands Board of Psychological Examiners

If you are a jurisdiction interested in learning more about the PLUS, please email us.

Please note: the use of a third-party organization to complete any portion of the PLUS application process is not permitted. Only materials gathered by ASPPB are recognized as being submitted from the primary source when provided to the licensing agency through PLUS. Any documents not gathered by ASPPB directly from the primary source or any forms not completed directly by the applicant will not be included in your completed PLUS application packet.

Confessions of a PLUS Jurisdiction: The Manitoba Experience

BY: Alan Slusky, Ph.D., C. Psych., Registrar, Psychological Association of Manitoba, ASPPB BOD - 1st Year Member at Large

ASPPB 33rd Midyear Meeting
Savannah, Georgia
April 12 – 15, 2018

ASPPB
Association of State and Provincial Psychology Boards

What is the PLUS?

The Psychology Licensure Universal System, or "PLUS" is an online application and credentials banking system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada participating in the PLUS program.

Why Should My Jurisdiction Consider Using the PLUS?

PLUS benefits are shared by many:

- Applicants for Licensure
- Board Administrators/Registrars
- Boards/Councils
- Members of the Public

Implementing the PLUS in Manitoba

- Very little effort or change required
- Application forms and any other supplementary form requirements forwarded to our dedicated PLUS Licensure Specialist – response time very quick
- Still also accepting paper applications
- Shallow learning curve for staff to begin locating information in application PDF
- Website altered to outline application options

Dear Applicant,

The ASPPB Psychology Licensure Universal System, or "PLUS" is an online system designed to allow individuals to apply for licensure, certification, or registration in any state, province, or territory in the United States or Canada. The PLUS allows individuals to apply, online, for licensure while enabling concurrent application for the ASPPB Certificate of Professional Qualification (CPQ) and Interjurisdictional Practice Certificate (IPC). In this way, application information is "banked" for any future applications to other jurisdictions or mobility credentials. All information collected as part of your licensure application is automatically deposited and saved in the ASPPB Credentials Bank: a Credentials Verification & Storage Program (The BANK). This information can be accessed by you or forwarded to any other licensing board, organization, entity, or individual, upon your written request at any time.

Currently, the Psychological Association of Manitoba is offering you the opportunity to use the PLUS system for your Psychologist Candidate application. The cost for the PLUS system is currently $200.00 with an additional $100 payable to PAM for administrative costs (this is identical to the $300 fee for a paper application). By completing the PLUS electronic application form and providing all requested credentials, you will be creating a permanent Credentials Bank record of your education, training, experience and credentials at no cost to you. The Credentials Bank Program provides a way for psychologists to store evidence of their professional education, experience, prior licensure, exam performance and other achievements. Once archived, this information can be accessed and submitted to any psychology registration/licensing board, employer or other agency per the psychologist's written request. Utilizing the "Bank" helps to reduce potential inconvenience associated with documenting compliance with registration/licensure criteria, particularly long after one's training and initial licensure.

To begin the PLUS process, please complete the Initial PLUS Application for Registration in Manitoba form found (here), submit to The Psychological Association of Manitoba 208-584 Pembina Hwy. Winnipeg MB R3M 3X7 E-Mail: pam@mymts.net and pay the $100.00 registration fee. An ASPPB PLUS Licensure Specialist will contact you directly with further instruction.

Please note:

ASPPB does not determine your eligibility for licensure. When you submit a PLUS application for licensure, your completed application package is forwarded to PAM, where our Registration Committee then will determine your eligibility for licensure.

You may still apply using the previous paper approach, however we encourage you to consider applying through the PLUS. If instead of using the PLUS system you wish to use the paper application, please complete the Psychologist Candidate application found (here) .

Please contact the Registrar (pam@mymts.net) with any questions.

Thank you.

APPLICANT BENEFITS

Active Applicants

Internship

Credentials Management

Graduation

Continuing Education

Clients/Patients

Income

Family

Certification

Post Doc

Employment

Examination

Licensure

Student Loans

Benefits to an Applicant

- Streamlines the application process
- 24/7 secure, electronic access to their application
- Dedicated PLUS Licensure Specialist
- Primary Source Verification (PSV)
- Data stored in a reusable format
- Increases mobility potential through automatic and free credentials banking
- PLUS usage can be optional or mandatory

Manitoba's Applicants

- PLUS is optional in Manitoba
- Since we began in 2014, ALL applications have been through PLUS
- Applicants have expressed appreciation for automatic banking of credentials
- Appreciation of online application format

Benefits to Board Administrators/Registrars

Busy Board Administrators/Registrars

Legislation/ Regulation

Website Management

Application Processing

Continuing Education

Human Resources

Social Media Management

Complaint Processing

Meetings

Newsletters/ Outreach

Exam Administration

Inquiry Response/ Correspondence

License Renewal Processing

Budget Management

Benefits to Administrators/Registrars

- Primary Source Verification (PSV) completed – can't understate the importance of this
  - Our responsibility to detect fraud
  - Positive way to combat anti-regulatory sentiment from discovery of fraud
- Application inquiries, verifications, materials tracking, etc. are all handled by a dedicated PLUS Licensure Specialist
- Completed applications are organized, easily navigated and sent via a secure portal
- ASPPB Disciplinary Data System (DDS) check
- Alternative to developing and maintaining an online application
- Can be used for both Doctoral and Masters licensure – tailored to jurisdictional forms/needs
- Increased mobility potential for licensees
- Free staff time for other duties

Manitoba's Registration Staff

- Significant reduction in admin time spent on clerical tasks
  - Allowed for improved focus on other tasks (e.g., review of registration policies, development of online supervision logs and appraisals)
  - Always work to do – PLUS has made time for committee to address more important issues
- Committee has appreciated PDF of application file
  - No longer a need to copy long application forms for committee members
  - Savings of time, money, trees
  - "More eyes on the file means less chance of missing something important"
- Prompt replies from PLUS Licensure Specialist has freed Registrar's time for other important tasks

Benefits to the General Public

- Less potential for fraudulent application materials means increased confidence in applicant vetting process
  - Greater certainty we are adhering to our mandate of public protection
- Easier mobility means quicker access to care
  - e.g., easily facilitate the eventual acquisition of a CPQ
  - Shorter application time

Current PLUS Jurisdictions

1. Alaska
2. Georgia
3. Idaho
4. Louisiana
5. Mississippi
6. Nevada
7. New Hampshire
8. New Mexico
9. North Dakota
10. Ohio
11. Oklahoma
12. Manitoba
13. Texas
14. Washington
15. Virgin Islands

THANK YOU!

DISCLOSURE:

- Member of the ASPPB Board of Directors- 1st Year Member at Large
- Member of the Association of Canadian Psychology Regulatory Organizations (ACPRO) Board of Directors
- ED/Registrar of the Psychological Association of Manitoba

2020

Board Meeting

Dates

Proposed 2020 Meeting Schedule

Regulatory Option 1	Regulatory Option 2	Board
January 13, 2020	January 27, 2020	January 28, 2020
April 6, 2020	April 27, 2020	April 28, 2020
June 22, 2020	July 13, 2020	July 14, 2020
October 5, 2020	October 26, 2020	October 27, 2020

Other 2020 Meetings

VACP Conversation Hour:

- April 21, 2020 at 9:00 in Charlottesville, VA

ASPPB MidYear Meeting:

- April 21, 2020 through April 26, 2020 in Chicago, IL

ASPPB 60th Annual Meeting:

- October 13, 2020 through October 18, 2020