

9:00 a.m. Call to Order – Kevin Doyle, Board Chair

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

9:05 a.m. Public Hearing

- Public Comment on the credential review of foreign graduates for the Regulations Governing the Practice of Professional Counseling, Marriage and Family Therapy and Substance Abuse Practitioners.
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Summary Suspension Consideration*

Approval of Minutes

- Board Meeting – May 31, 2019*
 - Regulatory Committee Meeting – May 30, 2019
-

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 Report - David E. Brown, DC

Chair Report - Kevin Doyle

Legislation and Regulatory Actions – Elaine Yeatts

- Report on 2019 Legislative Actions
 - Report on Status of Regulations
 - Regulatory Actions
 - Consideration of public comment on the Notice of Intended Regulatory Action (NOIRA) and proposed regulations on conversion therapy for the Regulations Governing the Practice of Professional Counseling, Substance abuse Counselors, Practice of Marriage and Family Therapy and Substance Abuse Practitioners.*
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- Petition for Rulemaking amend regulations to allow counselors with doctoral coursework in supervision to supervise with less than two years of post-licensure experience.*
 - Petition for Rulemaking to amend regulations to require a supervisor supervising a resident in counseling to complete at least 5 years of post-licensure experience or document experience in all clinical areas.*
 - Adopt emergency regulations related to the issuance of temporary licenses to individuals engaged in counseling residency.*
 - Discussion of Recommendations from the Regulatory Committee
 - Supervisor designation and qualifications.
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Presentation

- Telehealth Presentation – Kathy Wibberly, PhD, Mid-Atlantic Telehealth Resource Center
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Staff Reports

- Executive Director’s Report – Jaime Hoyle
 - Discipline Report – Jennifer Lang, Deputy Executive Director
 - Licensing Manager’s Report – Charlotte Lenart, Licensing Manager
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Board Counsel Report – James Rutkowski, Assistant Attorney General

Committee Reports

- Board of Health Professions Report – Kevin Doyle
 - Legislative/Regulatory Committee – John Brendel
 - Ad Hoc Committee on Tele-Assisted Counseling and Supervision – Terry Tinsley
-
-

Election of Officers

- Officer elections
 - Committee assignments
-
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New Business

- Discuss the need for a workforce survey on Qualified Mental Health Professionals (QMHP) and Registered Peer Recovery Specialists (RPRS)
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Next Meeting – November 1, 2019

Meeting Adjournment

Probable Cause Review

*Indicates a Board Vote is required

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the Board at the Quarterly 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).

**Counseling Quarterly Board
Meeting Minutes
May 31, 2019**

DRAFT
BOARD OF COUNSELING
QUARTERLY BOARD MEETING
Friday, May 31, 2019

TIME AND PLACE: Dr. Doyle called the meeting to order at 10:06 a.m. on Friday, May 31, 2019, in Board Room 1 at the Department of Health Professions, 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, Ed.D., LPC, LSATP, Chairperson

BOARD MEMBERS PRESENT: Barry Alvarez, LMFT
Johnston Brendel, Ed.D., LPC, LMFT
Jane Engelken, LPC, LSATP
Natalie Harris, LPC, LMFT
Danielle Hunt, LPC
Bev-Freda L. Jackson, Ph.D., MA, Citizen Member
Vivian Sanchez-Jones, Citizen Member
Maria Stransky, LPC, CSAC, CSOTP
Holly Tracy, LPC, LMFT
Tiffinee Yancey, Ph.D., LPC

BOARD MEMBERS ABSENT: Terry R. Tinsley, Ph.D., LPC, LMFT, CSOTP, NCC

STAFF PRESENT: Jaime Hoyle, J.D., Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager

OTHERS PRESENT: Barbara Allison-Bryan, DHP Chief Deputy
David E. Brown, D.C., DHP Director
James Rutkowski, Assistant Attorney General
Allyson Tysinger, Senior Assistant Attorney General
Elaine Yeatts, DHP Senior Policy Analyst

WELCOME & INTRODUCTIONS: Dr. Doyle welcomed the Board members, staff, and general-public in attendance.

ADOPTION OF AGENDA: The Board adopted the agenda after agreeing to move the review of public comment and adoption of the proposed guidance document on the practice of conversion therapy, and the presentation on workforce expansion – mobile crisis intervention & stabilization to immediately after public comment.

PUBLIC COMMENT: There was no public comment.

APPROVAL OF MINUTES: Upon a motion made by Dr. Brendel, and seconded by Ms. Hunt, the Board voted unanimously to approve the February 8, 2019 Quarterly Board meeting minutes.

DHP DIRECTOR’S REPORT:

Dr. Brown spoke about the unprecedented level of cooperation and collaboration between state agencies in particular with the Virginia Department of Behavioral Health & Developmental Services (DBHDS) and Department of Medical Assistance Services (DMAS).

Dr. Brown reported that the agency is moving forward with its new website. The new website will be user-friendly for both internal staff as well as the public.

Dr. Brown discussed upcoming workgroups that will focus on barriers to practice and telemedicine. In addition, Dr. Brown discussed the Virginia Senate Bill 1547 that directs the Board of Health Professions to evaluate whether music therapists and the practice of music therapy should be regulated.

CHAIRMAN REPORT:

Dr. Doyle encouraged Board members to attend the Counseling Regulatory Boards Summit on August 7-9, 2019 in Washington, D.C.

Dr. Doyle discussed the need for each Board Member to work with Ms. Lang to assist in the review of disciplinary cases as soon as possible for probable cause. Dr. Doyle indicated that is the responsibility of the Board to take this responsibility seriously.

LEGISLATION AND REGULATORY ACTIONS:

Regulatory/Legislative Report –

Ms. Yeatts provide a chart of Regulatory/Policy Actions – 2019 General Assembly that listed:

Emergency Regulations:

- HB2282 - Resident license for counselors. Board adoption date: 8/16/2019. Regulations to be effective within 280 days of enactment (12/21/2019)

Exempt Regulatory Actions:

- HB2693 - QMHP Definitions to include qualified mental health professional-trainee (QMHP-Trainee)

Non-Regulatory Actions:

- HB1970 - Review telehealth; practice by adjacent physicians.
- HB1971 - Revision of procedures & policy for mandatory suspensions
- HB2556 - Revision of procedures & policy for disclosure of investigative information. Revision of designation form for Boards.
- HB2557 - Change in reporting requirements; publication on websites

- SB1547 - Study of music therapy – need to regulate
- SB1452 (not passed) - Study of limited permit for non-profit to dispense certain drugs
- Budget Bill - Report to JCHC on efforts to promote drug disposal
- HJ682 (not passed) - Study of foreign-trained physicians to provide services in rural areas

Ms. Yeatts also provided a chart of current regulatory actions as of May 31, 2019 that listed:

- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Unprofessional conduct- conversion therapy (action 5225); NOIRA – at Governor’s Office (stage 8533)
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Periodic review (action 5230); NOIRA – At Secretary’s Office (stage 8544)
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling – Credential review for foreign graduates (Action 5089); Proposed – At *Governor’s Office (stage 8461)*
- 18VAC 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)
- 18VAC 115-20 Regulations Governing the Practice of Professional Counseling - acceptance of doctoral practicum/internship hours towards residency requirements (action 4829); Final – At *Secretary’s Office (stage 8516)*
- 18VAC 115-30 Regulations Governing the Certification of Substance Abuse Counselors updating and clarifying regulations (Action 4691); Final – At Secretary’s Office (stage 8534).
- 18VAC 115-50 Regulations Governing the Practice of Marriage and Family Therapy - acceptance of doctoral hours towards residency (action 5226); Fast-Track – At Secretary’s Office (stage 8536)
- 18VAC115-70 Regulations Governing the Registration of Peer Recovery Specialist (under development) – Initial regulations for registration (action 4890) Proposed – Register Date: 2/4/19, (stage 8296)

- 18VAC115-80 Regulations Governing the Registration Qualified Mental Health Professionals (under development) – Initial regulations for registration (action 4891) Proposed – Register Date: 2/4/19 (stage 8297)

Regulatory Actions:

Adoption of Fast Track Regulations Governing Delegation to an Agency Subordinate (18VAC115-20-10 et. seq.). Dr. Brendel moved, and Dr. Yancey properly seconded, to accept the Regulatory Committee recommendation to amend Regulations 18VAC115-15-20 as presented as a fast-track action. The motion carried unanimously.

Ms. Hoyle pointed out that the Code of Virginia only allows for use of an agency subordinate for disciplinary cases. Ms. Yeatts suggested that DHP consider legislation to change the Code of Virginia to allow agency subordinates to review credential cases. Dr. Brown suggested Ms. Hoyle discuss the issue with the other Executive Director's and DHP will consider moving forward with recommending a legislative change.

Review of public comment and adoption of proposed guidance document on the practice of conversion therapy. Dr. Brendel moved, and Ms. Tracy properly seconded, to retain the guidance document on the practice of conversion therapy as written. The motion passed with nine in favor, two in opposition.

Dr. Brendel moved, and Ms. Stransky properly seconded, to authorize the Board Chair and the Regulatory Chair to review and approve staff's drafted response to the conversion therapy public comment. The motion carried unanimously.

Discussion and Recommendations from the Regulatory Committee:

Review public comment and adoption of Final Regulations Governing the Registration of Qualified Mental Health Professionals. The Board reviewed and discussed the public comment and the Regulatory Committee recommendations. Ms. Tracy moved, and Ms. Sanchez-Jones properly seconded, to adopt final Regulations Governing the Registration of Qualified Mental Health Professionals as written, with amendments to the placement of the official transcript wording. The motion carried unanimously.

Review public comment and adoption of Final Regulations Governing the Registration of Peer Recovery Specialists. The Board reviewed and discussed the Regulatory Committee recommendations. Ms. Hunt moved, and Mr. Alvarez properly seconded, to adopt final Regulations Governing the Registration of

Peer Recovery Specialists as presented with minor changes. The motion carried unanimously.

Petition for Rulemaking to accept a bachelor's degree in criminology and criminal justice to qualify for registration as a QMHP-C and to accept supervised experience obtained in another state. The Board reviewed and discussed Michelle Morganegg's petition for rulemaking. There was no public comment to consider. Ms. Yeatts commented that the Board is adopting final regulations to replace the emergency regulations currently in effect. The Board has already proposed an amendment to accept supervised experience obtained in another U.S. jurisdiction, so a further amendment is unnecessary to respond to that aspect of the petition. Additionally, while the guidance document (115-8) does not list criminology as a related degree for QMHP registration, it does state that, "The Board may consider other degrees in human services or in fields related to the provision of mental health services." Therefore, an applicant's coursework may be sufficient to determine that the applicant is qualified in the provision of mental health services.

Ms. Tracy moved, and Ms. Stransky properly seconded, that the Board reject the petitioner's request. The motion carried unanimously.

Petition for Rulemaking to amend regulations to waive the requirement for an examination for licensed clinical social workers who can show clinical experience based in substance abuse service to become licensed substance abuse treatment practitioners. The Board reviewed and discussed Michael Hayter, LCSW, CSAC petition for rulemaking. Ms. Yeatts commented that the Board recently conducted a periodic review of regulations and recommended deletion of the exemption from examination currently in place for licensed professional counselors in regulations governing the licensure of substance abuse treatment practitioners.

Dr. Brendel moved, and Ms. Engelken properly seconded, that the Board reject the petitioner's request. The motion carried unanimously.

Review public comment on proposed Guidance Document on Substance Abuse Treatment Functions by Regulated Professions. The Board reviewed and discussed the public comments. Dr. Brendel moved, and Ms. Harris properly seconded, to approve the Regulatory Committee's recommended changes to the Guidance Document. The motion carried unanimously.

Review Guidance Document 115-1.1: Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing

Education Requirements, revised May 1, 2015. The Board reviewed and discussed Guidance Document 115-1.1. Ms. Stransky moved, and Mr. Alvarez properly seconded, to approve the Regulatory Committee's recommended changes to the guidance document. The motion carried unanimously.

Consideration of Virginia Sex Offender Treatment Association as an approved provider of continuing education. After discussion, Ms. Stransky moved, and Mr. Alvarez properly seconded, to add the Virginia Sex Offender Treatment Association to the list of approved providers for continuing competency to the regulations governing licensed professional counselors, licensed marriage and family therapists and licensed substance abuse treatment practitioners as part of the period review. The motion carried unanimously.

Adoption of NOIRA for Regulations Governing the Certification of Rehabilitation Providers (18VAC115-40-10 et.seq.) The Board reviewed and discussed the recommendations from the Regulatory Committee. Ms. Hunt moved, and Ms. Tracy properly seconded, that the Board adopt the recommended changes to the Regulations Governing the Practice of Certification of Rehabilitation Providers in concept with a Notice of Intended Regulatory Action (NOIRA). The motion carried unanimously.

Discuss Virginia Code of Virginia § 32.1-127.1:03.F. Health records privacy - release of records. The Board discussed the Code and the need to add LPCs, LMFTs and LSATPs to the Code section. At this time it only includes physicians and psychologists. No action taken. Staff will work with the Attorney General's office on this matter.

Consideration of a Guidance Document for Credential Appeal Process. The Board reviewed and discussed the draft guidance document. Ms. Hunt motioned, and Ms. Tracy properly seconded, that Board approve the Regulatory Committees' recommended draft guidance document. The motion carried unanimously.

UNFINISHED BUSINESS:

Goals for 2019

The Board has a full agenda for 2019. No discussion needed in the future.

Interstate Compact Agreements

Dr. Doyle provided updated information on the American Counseling Association (ACA) efforts to develop an Interstate Professional Licensing Compact. No action needed.

Criminal Background Checks

Staff will continue to monitor the possibility of the addition of criminal background checks. No action needed.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle presented the financials and documentation on applications received that were included in the agenda packet. Ms. Hoyle thanked staff for their continued hard work in the face of increasing demands. With increasing volume, staff continues to meet key performance measures. Ms. Hoyle also informed the board of current staffing realities and future staffing needs. With the continued increase in applications and licensees, there will be impacts on licensing and discipline within the board, as well as enforcement and APD.

DEPUTY EXECUTIVE DIRECTOR'S DISCIPLINE REPORT:

Ms. Lang presented the discipline statistics, current number of open cases and Key Performance Measures, and indicated that she included the report in the agenda packet. With an increase in discipline cases received by the board, Ms. Lang advised that there is a backlog in the case decision process. She noted that staff continues to work on ideas to make the process more efficient but there is a need for increased participation by board members in order to address the backlog because only board members have the authority to make case decisions. Ms. Lang encouraged board members to stay after board meetings to review cases.

LICENSING MANAGER'S REPORT:

In addition to the statistical information provided in the agenda packet, Ms. Lenart provided information on the increasing number of applications received by the Board. Ms. Lenart welcomed Sandie Cotman to the Board of Counseling staff and recognized Brenda Maida for her dedication and contributions to the Board.

BOARD COUNSEL REPORT:

No report.

BOARD OF HEALTH PROFESSIONS REPORT:

No report.

LEGISLATIVE/REGULATORY COMMITTEE REPORT:

Regulatory Committee recommendations and comments were discussed earlier in the meeting. Dr. Brendel had no additional information to report.

AD HOC COMMITTEE ON TELE-ASSISTED COUNSELING AND SUPERVISION REPORT:

Dr. Tinsley attended the Mid-Atlantic Telehealth Resource Center (MATRC) Telehealth Summit in March. Mid-Atlantic Telehealth Resource Center (MATRC) will be presenting at the next Board meeting. The next adhoc committee meeting will be held on August 16, 2019.

NEW BUSINESS:

Workforce Expansion – Mobile Crisis Intervention & Stabilization Presentation

Brian Campbell, DMAS, Heather Norton, DBHDS, and Mary Begor, DBHDS, presented information on the crisis services workgroup initiative to redesign the current crisis service system to address the insufficient workforce capacity and to implement cross disability crisis services throughout the state in all regions. They included additional information in the agenda packet.

Bylaw Discussion

The Board reviewed and discussed staff's draft changes to the bylaws. Mr. Alvarez moved, and Ms. Harris properly seconded, that the Board amend the Bylaws as discussed and presented by staff. The motion carried unanimously.

**RECOMMENDED DECISIONS
AND CONSENT ORDER:**

Dr. Jackson moved that the Board of Counseling convene in a closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* in order to consider agency subordinate recommendations and a Consent Order. She further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, Charlotte Lenart, and Sandie Cotman attend the closed session because their presence in the meeting was deemed necessary and would aid the Board in its consideration of the matters. The motion was seconded and carried unanimously.

Reconvene:

Dr. Jackson stated that pursuant to §2.2-3712 of the *Code of Virginia*, the Board of Counseling heard, discussed, or considered only those public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as identified in the original motion.

Decisions:

Florencio Figueroa-Gomez, QMHP-A

Mr. Figueroa-Gomez did not appear at the board meeting. The agency subordinate recommended that the Board of Counseling place certain terms and conditions on the QMHP-A registration of Mr. Figueroa-Gomez.

Jaime Henao, CSAC

Mr. Henao did not appear at the board meeting. The agency subordinate recommended that the Board of Counseling indefinitely suspend the certification of Mr. Henao.

Kelley Aschenbrenner, LPC

The Board considered entry of a Consent Order for voluntary surrender for indefinite suspension of Ms. Aschenbrenner's LPC license.

Mr. Alvarez moved that the Board of Counseling accept the recommended decisions of the agency subordinate, and the Consent Order for voluntary surrender. The motion was seconded by Dr. Yancey and passed unanimously

NEXT MEETING: Next scheduled Quarterly Board Meeting is August 16, 2019 at 9 a.m.

ADJOURN: The meeting adjourned at 2:48 p.m.

Kevin Doyle, Ed.D., LPC, LSATP
Chairperson

Jaime Hoyle, J.D.
Executive Director

DRAFT

**Counseling Regulatory
Committee Meeting Minutes
May 30, 2019**

**VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, May 30, 2019**

TIME AND PLACE: The meeting was called to order at 10:13 a.m. on Thursday, May 30, 2019, in Board Room 1 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.

PRESIDING: Kevin Doyle, Ed.D., LPC, LSATP

COMMITTEE MEMBERS PRESENT: Danielle Hunt, LPC
Vivian Sanchez-Jones, Citizen Member
Holly Tracy, LPC, LMFT

COMMITTEE MEMBER ABSENT: Johnston Brendel, Ed.D., LPC, LMFT, Chairperson

STAFF PRESENT: Sandie Cotman, Licensing Specialists
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Charlotte Lenart, Licensing Manager
Brenda Maida, Licensing Specialist

OTHERS PRESENT: Elaine Yeatts, DHP Senior Policy Analyst

APPROVAL OF MINUTES: Ms. Hunt moved to approve the minutes of the February 7, 2019 meeting. Ms. Tracy seconded the motion, and it passed unanimously.

PUBLIC COMMENT: There was no public comment.

DISCUSSIONS:

- I. **Unfinished Business:**
- **Interstate Compact Agreements:** Dr. Doyle provided updated information on the American Counseling Association (ACA) efforts in developing an Interstate Professional Licensing Compact.
 - **Periodic Review Discussion:** The Committee re-visited its periodic review discussion.

Chapter	Board of Counseling	Outcome of Discussion
18 VAC 115-40	Regulations Governing the Certification of Rehabilitation Providers	The Committee reviewed staff's recommended changes to the Regulations. Ms. Tracy moved, which was properly seconded, that the Committee recommend the draft changes to the Regulations Governing the Certification of Rehabilitation Providers in concept to the full Board which will include the addition of continuing education requirements for each renewal and a Notice of Intended Regulatory Action (NOIRA) be published. The motion passed unanimously.

II. New Business:

- **Consideration of public comment and amendments for final adoption of Regulations Governing the Registration of Peer Recovery Specialists.** The Committee reviewed and discussed the Department of Behavioral Health & Developmental Services (DBHDS) draft suggestions for change to the Regulations Governing the Registration of Peer Recovery Specialists. There was no other public comment. Ms. Holly moved, which was seconded by Ms. Hunt, to approve and recommend to the full Board the suggested changes to the final Regulations Governing the Registration of Peer Recovery Specialists as discussed with minor changes to wording in section 18VAC115-70-60.B. The motion passed unanimously.
- **Consideration of public comment and amendments for final adoption of Regulations Governing the Registration of Qualified Mental Health Professionals.** The Committee reviewed and discussed the public comment and staff draft recommended changes to the regulations.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, to recommend to the full Board to amend sections 18VAC115-80-40.B.5 and 18VAC15-80-50.B.4 to allow licensed occupational therapists with an internship of at least 500 hours with persons with mental illness to meet the requirements for qualified mental health professional-adult (QMHP-A) and qualified mental health professional-child (QMHP-C). The motion passed unanimously.

Ms. Tracy moved, which was properly seconded by Ms. Sanchez-Jones, to recommend to the full Board the staff recommended changes to the final Regulations Governing the Registration of Qualified Mental Health Professionals. The motion passed unanimously.

Petition for Rulemaking Discussion:

- Michelle Morganegg, petitioned the Board to amend the Regulations Governing the Registration of Qualified Mental Health Professionals to accept a bachelor's degree in criminology and criminal justice to qualify for registration as a QMHP-C and to accept supervised experience obtained in another state. There were no public comment. Ms. Yeatts commented that the Board is adopting of final regulations to replace the emergency regulations currently in effect, the Board has already proposed an amendment to accept supervised experience obtained in another U. S. jurisdiction, so a further amendment is unnecessary to respond to that aspect of the petition. Additionally, while the guidance document (115-8) does not list criminology as a related degree for QMHP registration, it does say that: "The Board may consider other degrees in human services or in fields related to the provision of mental health services." Therefore, it is possible that an applicant's coursework may be sufficient to determine that the applicant is qualified in the provision of mental health services.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, that the Committee recommend to the full Board that the Board reject the petitioner's request. The motion passed unanimously.

- Michael Hayter, LCSW, CSAC, petitioned the Board to amend the Regulations Governing the Licensed Substance Abuse Treatment Practitioners to waive the requirement for an examination for licensed clinical social workers who can show clinical experience based in substance abuse service to become licensed substance abuse treatment practitioners. Ms. Yeatts commented that the Board recently conducted a periodic review of regulations and recommended that the exemption from examination currently in place for licensed professional counselors be deleted in regulations governing licensure of substance abuse treatment practitioners.

Ms. Tracy moved, which was properly seconded by Ms. Hunt, that the Committee recommend to the full Board that the Board reject the petitioner's request. The motion passed unanimously.

- **Review Guidance Document 115-1.1: Possible Disciplinary or Alternative Actions for Non-Compliance with Continuing Education Requirements, revised May 1, 2015.** The Committee reviewed and discussed the guidance document. Ms. Tracy moved, which was properly seconded by Ms. Hunt, the Committee recommend to the full Board to amend the possible actions for those who were in non-compliance of 16 to 20 hours of continuing education to an Informal Fact-Finding Conference. The motion passed unanimously.
- **Review public comment or proposed Guidance Document 115-11 on Substance Abuse Treatment Functions by Regulated Professions.** The Committee reviewed and discussed the public comment. Ms. Tracy moved, which was properly seconded by Ms. Hunt, the Committee recommend to the full Board to amend the guidance document as discussed. The motion passed unanimously.
- **Consideration of Virginia Sex Offender Treatment Association as an approved provider of continuing education.** After discussion, Ms. Hunt moved, which was properly seconded by Ms. Tracy, that the Committee recommend to the Board to add Virginia Sex Offender Treatment Association to the list of approved providers for continuing competency to the regulations governing licensed professional counselors, licensed marriage and family therapists and licensed substance abuse treatment practitioners as part of the period review. The motion passed unanimously.
- **Discuss Virginia Code of Virginia § 32.1-127.1:03.F. Health records privacy - release of records.** The Committee discussed the Code. No action taken.
- **Consideration of a Guidance Document for Credential Appeal Process.** The Committee reviewed and discussed the draft guidance document. Ms. Hunt moved, which was properly seconded by Ms. Tracy, that the Committee recommend to the Board approved the guidance document draft as presented. The motion passed unanimously.
- **Degree Program Trend Discussion.** The Committee discussed the trends of degree programs. No action taken.

NEXT SCHEDULED MEETING: The next Committee meeting is scheduled for August 15, 2019 at 10:00a.m.

ADJOURNMENT: The meeting adjourned at 1:46 p.m.

Johnston Brendel, Ed.D., LPC, LMFT
Chairperson

Date

Jaime Hoyle, JD
Executive Director

Date

Regulatory Actions

Agenda Item: Regulatory Actions - Chart of Regulatory Actions

Staff Note: Attached is a chart with the status of regulations for the Board as of August 5, 2019

Chapter		Action / Stage Information
[18 VAC 115 - 15]	Regulations Governing Delegation to an Agency Subordinate	<u>Periodic review</u> [Action 5301] Fast-Track - At Secretary's Office for 12 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Unprofessional conduct - conversion therapy</u> [Action 5225] NOIRA - Register Date: 7/8/19 Comment closed: 8/7/19 Board to adopt proposed regulations: 8/16/19
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Periodic review</u> [Action 5230] NOIRA - Register Date: 8/19/19 Comment closes: 9/18/19
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Credential review for foreign graduates</u> [Action 5089] Proposed - Register Date: 7/22/19 Comment closes: 9/20/19
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Requirement for CACREP accreditation for educational programs</u> [Action 4259] Proposed - At Secretary's Office for 112 days
[18 VAC 115 - 20]	Regulations Governing the Practice of Professional Counseling	<u>Acceptance of doctoral practicum/internship hours towards residency requirements</u> [Action 4829] Final - At Secretary's Office for 196 days
[18 VAC 115 - 30]	Regulations Governing the Certification of Substance Abuse Counselors	<u>Updating and clarifying regulations</u> [Action 4691] Final - At Secretary's Office for 151 days
[18 VAC 115 - 40]	Regulations Governing the Certification of Rehabilitation Providers	<u>Periodic review</u> [Action 5305] NOIRA - At Secretary's Office for 41 days
[18 VAC 115 - 50]	Regulations Governing the Practice of Marriage and Family Therapy	<u>Acceptance of doctoral hours towards residency</u> [Action 5226] Fast-Track - Register Date: 7/22/19 Effective: 9/6/19
[18 VAC 115 - 70]	Regulations Governing the Registration of Peer Recovery Specialists [under	<u>Initial regulations for registration</u> [Action 4890]

	development]	Final - <i>At Secretary's Office for 39 days</i>
[18 VAC 115 - 80]	Regulations Governing the Registration of Qualified Mental Health Professionals [under development]	<u>Initial regulations for registration of Qualified Mental Health Professionals [Action 4891]</u> Final - <i>At Secretary's Office for 39 days</i>

**Review Public Comments and
Adoption of Proposed
Regulations on the Practice of
Conversion Therapy**

Agenda Item: Adoption of proposed regulation on Conversion Therapy

Included in your agenda package are:

A copy of the Guidance Document effective June 30, 2019

Copy of NOIRA announcement

Copies of comments on the NOIRA (*comments received through 1:00 pm on August 5, 2019; comments received after that time and before the deadline on August 7, 2019 will be provided as a hand-out at the Board meeting*).

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 Counseling

Guidance Document on the Practice of Conversion Therapy

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

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

In 18VAC115-20-130 of the *Regulations Governing the Practice of Counseling*, the Virginia Board of Counseling ("Board") has stated that: "The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling."

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

"Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare"

See 18VAC115-20-130(B)(1) of the Regulations Governing the Practice of Counseling; 18VAC115-30-140(B)(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants; 18VAC115-50-110(B)(1) of the Regulations Governing the Practice of Marriage and Family Therapy; and 18VAC15-60-130(B)(1) of the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

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. The American Counseling Association (ACA) opposes conversion therapy because "it does not work, can cause harm, and violates our Code of Ethics. ACA will continue to support state legislation that bans this discredited practice."

The consensus opinion of the ACA Ethics Committee is that the basic goal of reparative/conversion therapy is to change an individual's sexual orientation from homosexual to heterosexual. The ACA Ethics Committee states that counselors who conduct this type of

therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of "curing." The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including the ACA.

Consistent with the established position of the ACA, 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 regulations governing practitioners licensed, certified, 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, certificate holder, or registrant.

Virginia.gov Agencies | Governor

**Agency:** Department of Health Professions**Board:** Board of Counseling**Chapter:** Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]**Action:** Unprofessional conduct - conversion therapy**Notice of Intended Regulatory Action (NOIRA)**

Action 5225 / Stage 8533

[Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
Preliminary Draft Text	None submitted	Sync Text with RIS
Agency Statement	2/14/2019	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 <i>Administrative Process Act</i> and the standard executive branch review process.
DPB Review	Submitted on 2/14/2019 Policy Analyst: Jeannine Rose Review Completed: 2/25/2019 <i>DPB's policy memo is "Governor's Confidential Working Papers"</i>
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	In Progress! Ends 8/7/2019 Currently 319 comments

Contact Information	
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This person is the primary contact for this board.

This stage was created by Elaine J. Yeatts on 02/14/2019

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Agency Department of Health Professions

Board Board of Counseling

Chapter Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

Action	<u>Unprofessional conduct - conversion therapy</u>
Stage	<u>NOIRA</u>
Comment Period	Ends 8/7/2019

All good comments for this forum [Show Only Flagged](#)

[Back to List of Comments](#)

Commenter: Casey Pick, The Trevor Project

7/8/19 6:01 pm

The Trevor Project Supports the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60

Dear Virginia Board of Counseling,

The Trevor Project is proud to support the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60, 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 regulations 18VAC115-20, -30, -50, and -60. 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 6:26 pm

Ban conversion therapy.

Pseudoscience peddled by homophobes has no place in a licensed practitioner's office.

Commenter: Elizabeth Harvey

7/8/19 7:21 pm

Ban conversion therapy

Conversion "therapy" is completely unacceptable and should be outlawed. Ban it now.

Commenter: Mary Mullins

7/8/19 8:00 pm

Banning 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 9:14 am

Must 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: Shirley Carley, Free Mom Hugs, VA

7/9/19 1:03 pm

Conversion Therapy Ban

Conversion therapy needs to be banned. It is a dangerous practice that only serves to send people back into the closet. It causes psychological damage that may take years to overcome. As the mother of 6, two of whom are LGBT+, I wholeheartedly support my kids and support the banning of conversion therapy.

Commenter: Carrie Lynn Bailey, 3 Little Birds Counseling LLC

7/9/19 1:31 pm

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

Dear Virginia Board of Counseling,

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

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

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

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

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

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: Equality Virginia

7/9/19 3:01 pm

Re: Support for the NOIRA regarding regulations on the Practice of Conversion Therapy

Dear Virginia Board of Counseling,

Equality Virginia is pleased to support **the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60**, which would protect youth under the age of 18 from so-called “conversion therapy” at the hands of licensed counselors 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

[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: Pamela Piero

7/9/19 3:07 pm

Please ban conversion therapy

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

7/9/19 3:12 pm

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 social workers 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 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.

Commenter: Berkley Holston, Horizon Behavioral Health

7/9/19 5:55 pm

Ban Conversion Therapy

Commenter: Cheryl Lesser

7/10/19 7:02 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: Joyce Samples

7/10/19 8:04 am

conversion therapy

Conversion therapy is not really therapy and needs to be banned in all states. It is not only not therapy, it is abusive and based on ignorance and hatred. This has no place in the therapeutic relationship. LGBTQ individuals have a higher rate of suicide and higher rate of suicidal ideation than their straight peer groups. This is so dangerous and needs to be banned.

Commenter: Larry Mendoza, State Director: American Atheists

7/11/19 12:07 pm

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.

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

^[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: Matthew R Lord

7/11/19 12:54 pm

Conversion "Therapy" and Youth

I support the Board banning Conversion Therapy.

7/14/19 11:44 am

Commenter: Michael F. Jeffrey, LPC, LMFT

Conversion therapy

I have worked with the LGBT community as a therapist on and off for the past 20 years, mainly helping trans men women make the transition. I have heard rumors of licensed counselors doing conversion therapy but have never been able to find one. In any event, there is enough damage that non-licensed individuals are doing to LGBT youth without having licensed counselors making it worse We need a clear statement banning the use of CT..

Commenter: Mark Murphy

7/15/19 7:53 pm

Conversion Ban Atypical and Illegal

The current regulation presented by the board for consideration is unlike any other regulation issued by this board in both its scope and specificity. It is contrary to the established law and ignores significant evidence regarding the area it attempts to regulate.

This regulation, differs from other regulations in the two primary ways.

1. The Board of Counseling Regulations do not forbid any other type of therapy.
2. The Board of Counseling Regulations do not prescribe a treatment approach for any other situation for which a person may come to counseling.

The regulations do not forbid Recovered Memory Therapy or Re-Birthing therapy even though these are universally established as harmful. The board does not identify any other conditions in which it gives the direction of treatment to a therapist without allowing for individual professional judgement. Furthermore, choosing the direction a clinician takes with a client is not within the scope of authority of the board. The board is empowered to regulate the "manner" of practice not prescribe the interventions and direction of therapy.

The regulation is not consistent with the Code of Virginia. Please refer to Code of Virginia. (See below with intervening sections removed.)

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.

E. A minor shall be deemed an adult for the purpose of consenting to:

4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

Minors are allowed to consent to mental health treatment. This regulation would run counter to the Code of Virginia which has allowed that minors can consent to the mental health treatment they desire. Under the proposed regulation a youth who was experiencing suicidal ideation due to transgender or homosexual thoughts could only be encouraged to act on them. This completely disavows the right of the youth to seek and consent to treatment. It also violates the principle of client directed therapy. The regulation itself poses a danger to the life health and safety of children in Virginia. Since the board is presuming to dictate a treatment approach, will the board be liable for negative outcomes such as suicide by those seeking help that were turned away?

This regulation ignores significant evidence regarding gender identity and sexual orientation. Transgender identification is documented as being unstable. Experts have reported that the majority of youth that identify as transgender as teens will identify as their birth gender as adults. However, not only does this regulation choose the direction of therapy, it mandates a direction opposite to the most likely trajectory.

The statement by the board references HB 363. The statement fails to mention that the bill did not pass. While an individual may have suggested regulation, the general assembly did not. The general assembly chose not to legislate this. This appears to be a flagrant work around to pass a restriction that the general assembly considered and rejected.

If the board is concerned about youth being forced into conversion therapy against their will, the board should pass regulations that prohibit treatment against the will of a client unless ordered by judicial order as already allowed in the Code of Virginia. This would allow for protection from forced treatment while still upholding the rights of children in Virginia to seek the treatment they choose as already established in the Code of Virginia.

Commenter: Timothy Pittman

7/16/19 3:23 pm

Not a

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.

E. A minor shall be deemed an adult for the purpose of consenting to:

4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

Commenter: Timothy Pittman

7/16/19 3:49 pm

Not a Good Policy

First off, please ignore the other comment with my name on it, I accidentally hit post before I was done typing.

The NOIRA regarding regulation 18VAC125-20 is not something Virginians should support. According to the Code of Virginia (see below) a minor can consent to mental health treatment if he or she wishes.

§ 54.1-2969. Authority to consent to surgical and medical treatment of certain minors.

E. A minor shall be deemed an adult for the purpose of consenting to:

4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

Why is supposed "conversion therapy" the only type of therapy that the State wants to regulate? If the concern is for the safety of children who may be forced against their will into unwanted therapy, then that should be made illegal. This regulation, however, seeks to prevent "conversion therapy" even if it is sought after by the child.

If gender is indeed fluid, as supporters of this regulation purport, then why should homosexual and transgender people not be allowed to align their thoughts and feelings with their natural gender? I believe this is simply a ruse of LGBTQ+ supporters to ram affirmation, not just tolerance, down the throats of Virginians.

7/22/19 11:05 pm

Commenter: Bridget Wilson

Say NO to Conversion Therapy: Stay in Your Lane

Under this proposed regulation, it would not help youth. You should bring a group of experience counselors together to help the committee understand the danger of this regulation. This regulation will violate the principle of patient therapy. This regulation will only put high risk youth at the center for suicidal ideation. This regulation has no place in patient direct therapy.

Commenter: Donna Clarke

7/23/19 8:29 pm

Opposed to Regulation 18VAC125-20

In regards to regulation 18VAC125-20, I am opposed to this regulation as it is contrary to the established law and ignores significant evidence regarding the area it attempts to regulate. This regulation differs from other regulations in that the Board of Counseling Regulations does not forbid any other type of therapy nor do they prescribe a treatment approach for any other situation for which a person may come to counseling. The Board is not empowered to prescribe the interventions and direction of therapy, only the manner of practice. Furthermore, the regulation is not consistent with subsection 54.1-2969 of the Code of Virginia.

Commenter: Carol Schall

7/24/19 3:27 pm

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

Dear Virginia Board of Counseling,

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 counselors should offer therapy to their patients that will reduce their suffering and certainly improve their overall mental health. Finally, I expect all counselors 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.

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 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,

Carol M. Schall Ph. D.

Commenter: Barbara Padgett

7/24/19 5:27 pm

No to Regulation 18VAC125-20

Commenter: Jeff Caruso, Virginia Catholic Conference

7/25/19 9:49 am

Oppose Amending 18VAC115-20,-30,-50,-60

Dear Virginia Board of Counseling,

On March 28, 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 (115-10) 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 115-10. In fact, the Board did not make any changes to the proposed Guidance Document based on concerns raised by any member of the public, even though it received 371 comments against the Guidance Document and only 198 for it. Moreover, the Board 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 115-10 to 18VAC115-20,-30,-50,-60.

Sincerely,

Jeffrey F. Caruso

Executive Director, Virginia Catholic Conference

Commenter: Kay Miller

7/25/19 11:50 am

Opposed to Regulation 18VAC125-20

I am absolutely opposed to this regulation. The Board of Professional Counseling should never be allowed to dictate the course of action that a counselor should take for the best interest of their client, no matter what age. Why is the board specifically targeting this kind of treatment?????

Commenter: Melissa Swearingen

7/26/19 12:47 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 12:50 pm

This ban is misguided and unconstitutional

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: Dennis Huyck

7/26/19 1:00 pm

Regulatory Action is Misguided

This regulatory action is misguided and unnecessary. In Virginia, parents have the right to select the counseling and moral direction that they want for their children, not some anonymous board somewhere. Many families want to guide their children in the direction of their Faith of choice, so do not Remove this right from parents. This is morally wrong.

Commenter: Beth Martini

7/26/19 1:25 pm

Parental rights

Let parents have the freedom to raise their children in the best way they can. The government should not be interfering.

- 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: NL

7/26/19 1:49 pm

oppose the regulation of counseling

Parents are the primary educators and care givers of their children, responsible for their upbringing and instilling moral values in them according to their religious beliefs. Please oppose the imposition of regulations over what counselors may discuss with children. Unelected government officials and outsiders with a political agenda should not be able to regulate the content and conduct of counseling, or decide what parents may or may not do regarding their children.

Commenter: Thomas F. Griffin, Lt.Col., USAF (Ret)

7/26/19 1:52 pm

Comments Regarding the Proposed Amendmment 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: Kieran Carter

7/26/19 1:56 pm

Parental rights and so-called "Conversion therapy"

I am a mother and grandmother. I know how fluid sexual identity can be at various points in a young person's life. A ban of so-called "Conversion therapy" denies young people access to all points of view and credible adult voices that help to guide them in their difficult journey. This proposal is unconstitutional--Virginia cannot prevent anyone from offering advice that is pro-gay or pro-trans and should not also attempt to ban counselors, educators, parents or other people from offering sane and judicious advice to any person who believes he or she is gay or transsexual. Parents and families, friends and helpful professionals not the overarching state government are the ones who should decide what type of care any minor child needs to grow into a happy and healthy adult. No law, no regulation to prevent this--period!

Commenter: Irene Maria DiSanto

7/26/19 2:07 pm

Please 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 for 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 2:51 pm

parental right

Oppose proposed amendment of 18 VAC 125-20

Commenter: Thomas J Duncan

7/26/19 3:08 pm

Conversion 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 be 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: Elizabeth Berger

7/26/19 3:34 pm

Parental rights

It is in the best interest of children to be cared for and guided by their parents. The family is the most critical part of a society. Government should not interfere with a 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: 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 Fittz

7/26/19 4:34 pm

Parental rights are threatened by this Regulatory Action

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 and Joan Fittz

Commenter: Jacqueline Manapsal

7/26/19 4:35 pm

Protect parental rights

Parents have the fundamental right to make decisions for their children until they become adults in their own right. The proposed ban would deny families the freedom to seek counseling aligned with their faith.

Commenter: John and Beverly Buczacki

7/26/19 6:41 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: Rita Poranbski

7/26/19 8:19 pm

parental Rights.

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

Commenter: Cat Spinelli

7/26/19 8:26 pm

PARENTAL RIGHTS

Parents are closest to their children's challenges, we are in the best position to make healthcare decision involving 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 experience should not be removed from the process of helping children work through these deeply personal and sensitive issues.

Commenter: Mimi A

7/26/19 8:39 pm

Stop the ban and defend parent rights

Stop the ban and defend the freedom and rights of parenthood.

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.

Commenter: Robert Brever Jr

7/26/19 9:07 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 professionals with years of experience should not be removed from the process of helping children working through these sensitive and deeply personal issues.

I ask that 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: Loren Wilee

7/26/19 9:14 pm

Parental rights are sacred.

The rights of parents to make decisions on behalf of their children must never be sabotaged by a Planned Parenthood agenda or by radical transgender politics. We must keep Governor appointed state regulators out of the business of destroying families and undermining parental rights by forcing an immoral, radical and unscientific ideology on the sacred family unit.

Commenter: Martha Dreon

7/26/19 10:20 pm

Oppose Proposed Amendment of 18VAC125-20

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: Rebecca Ing

7/26/19 11:23 pm

defend 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: lawrence zenker

7/27/19 7:22 am

Parents'rights for welfare of children

The parents' rights and responsibilities for their children should not be usurped by the state. What we nee in this day and age is stronger family morals.

Commenter: Pamela Wilgus

7/27/19 9:38 am

Oppose adding the provisions of Guidance Document 115-10 to 18VAC115-20,-30,-50,-60.

Oppose adding the provisions of Guidance Document 115-10 to 18VAC115-20,-30,-50,-60.

I oppose adding the provisions of Guidance Document 115-10 to 18 VAC 115-20, -30, -50, -60 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: Mary

7/27/19 12:20 pm

Parents should have the authority over their children.

Commenter: Susana Lee

7/27/19 2:13 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: Sue A. Huber

7/27/19 2:31 pm

Protect parental rights regarding 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 A. Huber

7/27/19 2:33 pm

Protect parental rights regarding 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: Elizabeth Browning

7/27/19 2:34 pm

Freedom to Choose Counseling without government interference

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, or individuals of age, not employees (in which are included representatives and career state employees such as regulators), have the authority and responsibility to make these decisions.

Commenter: Carmencita B. Clay

7/27/19 4:16 pm

Protect Parents' Rights to make Decisions about their own children's care, Upbringing and Education

I oppose this and any other regulation that seeks to infringe on parental rights to care for their own children and make decisions about their upbringing and education 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 4:34 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: John Miller

7/27/19 10:01 pm

Please don't overstep your authority

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: Edward White

7/27/19 11:17 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: Maureen Barrett, citizen

7/28/19 12:54 pm

Respect elected officials, citizens and parents

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: Edward C. Krattli

7/28/19 2:58 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 take into account that...

- 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; 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: Robert Lee

7/28/19 9:18 pm

Defend parental rights and protect children

Patients should be able to freely discuss any topic that is troubling them with a counselor. This is especially the case for minors, who struggle with so many challenges. 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: Craig Mays

7/29/19 9:51 am

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: Peggy Palizzi

7/29/19 11:03 am

A ban would deny families the religious freedom to seek counseling aligned with their faith.

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

Commenter: Gordon Goetz

7/29/19 11:32 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 12:19 pm

Unjustified censorship

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

Commenter: S Hertz

7/29/19 12:22 pm

Unjustified censorship

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

Commenter: Donna Gordon

7/29/19 12:27 pm

Efforts to restrict goals and types of therapy

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

7/29/19 1:44 pm

Commenter: Mark Menotti

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: Susan Pauli

7/29/19 5:20 pm

Do no infringe on parental rights

Commenter: Clarence E Arnold

7/30/19 1:28 am

Protect 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: Pam Watkins

7/30/19 1:01 pm

Parents Should have the Say in their children's Counseling Options

Again, parents should have the right to seek the type of counseling they feel is in line with their faith. Part of our problem today is that the government has their hand in too many parental decisions.

Commenter: Richard Dunbar

7/30/19 4:13 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 8:50 pm

Oppose amending 18 VAC 115-20,-30,-50,-60

Commenter: Christopher Martini

7/30/19 9:57 pm

Oppose amending [18 VAC 125 ? 20)

Under Virginia law, parents have the fundamental right to make decisions regarding the upbringing, education and care of their children. Do not pass this misguided and unconstitutional proposal.

Thank you!

Commenter: Nancy S Pendergrass, MPH, RDN

7/31/19 9:48 am

Do not infringe parental rights

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 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 11:32 am

Protect Virginia youth from the grave consequences of conversion therapy

Re: Support for the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60, on the Practice of Conversion Therapy

Dear Virginia Board of Counseling,

Hello, my name is Melanie Kiser and I am writing in support of the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia.

My interest in this issue stems from my interest in preventing suicide and supporting mental health. I have lost both my mother and sister to suicide, so I am more familiar than most people with both the pain of that loss and how unexpected, unfathomable it can be. I also grew up in a community of faith where conversion therapy and underlying notions were accepted. Through my involvement in suicide prevention, I have learned how harmful, and even deadly, this approach can be. I fully respect the rights of parents to make decisions about their children's welfare, but we must also respect the rights of the children to be free of psychological abuse under the guise of treatment. This is also an area where one has to wonder whether parents really understand the grave consequences of what they are doing, which are reflected in the statistics below.

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 3:40 pm

Counseling

I do not approve of regulating the type of counseling available to children and families based on political ideas about sexuality and gender. Parents have the best interest of their children in mind and they seek help from therapists who understand and are supportive of their needs and desires. Do not try to regulate the speech of good people who are helping children cope with difficult problems.

Commenter: Mary Fisher

7/31/19 6:02 pm

Ban 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

7/31/19 6:47 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 counselor could have received accredited training for it. 3. it is immensely harmful quackery. As a licensed family therapist, I have seen such "treatment" destroy a minor's self esteem and causing lasting damage to families. Professional regulations cannot free people from stigma imposed by religious bigots and homophobic parents. However, you can combat such stigma by banning licensed counselors from imposing CT on minors.

Commenter: Monica S.

7/31/19 8:48 pm

Please 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: Kristen gartland

7/31/19 10:34 pm

Protect our children from abusive practices

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.

Commenter: Kristen Calleja

8/1/19 12:57 am

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

Commenter: Thomas Palumbo

8/1/19 7:10 am

Protect freedom of Virginia families to acquire the counseling they choose

I strongly oppose this sweeping proposal to ban *“any practice or treatment that seeks to change an individual’s sexual orientation or gender identity,”* 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: Debby Porter

8/1/19 7:37 am

Conversion therapy is child abuse

The practice of conversion therapy, when inflicted on a minor, is child abuse. As a society we have long recognized the responsibility to protect children from abusive parents, whether they claim their religion gives them the right to harm their children or not.

The constitution may protect the right of a parent to be a bible-thumping bigot, but it does not enshrine a right to harm their children. This is long-established law.

Commenter: Lisa Cherefko

8/1/19 8:46 am

“Conversion Therapy” is Child Abuse

“Conversion Therapy” is child abuse. Telling a child they are wrong and unnatural, convincing them to try to change something they cannot possibly change, does unspeakable damage. No credible mental health experts support conversion therapy, in fact they agree it’s harmful. This is

no more a matter of “religious liberty” than allowing a parent to beat their child bloody. It is no more a matter of “free speech” than allowing a parent to verbally and emotionally abuse their child which is precisely what conversion therapy is. Do not allow this barbaric practice in Virginia!

Commenter: Mickey Drummond

8/1/19 8:54 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: Sasha M

8/1/19 8:56 am

Ban conversion therapy

Commenter: Helen Miller

8/1/19 8:59 am

Ban conversion therapy

Commenter: Katherine Drummond

8/1/19 9:00 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: K Forbes

8/1/19 9:01 am

Please Ban this abusive practice

- 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.
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- 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: Max Heyworth

8/1/19 9:30 am

Conversion Therapy is Child Abuse

Any of these RWNJ's claiming they should have the "freedom" to determine the path of "treatment" for their child might as well be advocating for whipping them with belts or holding their hands to a hot iron. Conversion therapy is a tortuous, psychologically destructive, scientifically baseless, and wholly useless practice that small-minded Christians force upon their supposed loved ones. It has no place in a just, modern society. I pains me that we have to fight this stupidity in 2019, but fight it we must.

Put an end to this hurtful, draconian, pseudo-scientific institution. Ban conversion therapy everywhere, now and forever.

Commenter: Lannie Underwood

8/1/19 9:59 am

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 10:13 am

Ban Conversion Therapy

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: Susannah Bishop, educator

8/1/19 10:57 am

Ended Conversion Therapy Now

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: Tom Dickson

8/1/19 11:29 am

Parental Rights

Parents know best concerning decision making for their children. If counselors can help and need to be consulted in some cases, then do it. Don't let the inmates run the asylum over this issue.

Commenter: Ann Ellia

8/1/19 11:59 am

End Conversion therapy now.

This conversion therapy is actually modern day torture and needs to stop now!

The lives and well-being of our LGBTQ

Commenter: Ann Ellis

8/1/19 12:16 pm

End the 'conversion therapy'

This conversion therapy is actually modern day torture and needs to stop now!

The lives and well-being of our LGBTQ are at stake here and this so called 'therapy'needs to end immediately.

As an ally and a mother, the thought of a child being subjected to forceful control to change the way they they identify as in gender or sexuality is cruel and dangerous practice. This is not a lifestyle choice but a necessity/fundamental, and no-one (even a parent) should have a right to emotionally or physically attack or forcefully change one's right to decide who they are and in no way is this successful. I cannot believe going forward into 2020 this is a conversation on the table up for debate. Shameful.

Commenter: Debbie L Longest

8/1/19 12:45 pm

Ban Conversion Therapy.

Commenter: Anne Rappe-Epperson

8/1/19 2:18 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.

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

Commenter: Dawn Byers

8/1/19 2:30 pm

Ban "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: Nancy Johnson

8/1/19 4:31 pm

Let's speak truth about this!

I personally know two people who were molested as children and suffered, yes, suffered from same sex attraction. They were both miserable living the life of same sex attraction. It did not feel comfortable to them and it was forced upon them as children. They both willingly went thru counseling and self-healing programs and are now on the other side of the issue and are so happy! They feel peace and joy now and that is because of counseling and turning their thought process and deep seated feelings around. Thank you to those counselors because they change lives for the better! Don't take someone else's opportunity for peace and joy away by calling their actions criminal.

Commenter: Christine Birden

8/1/19 4:32 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, ASCA and more that have written about the impropriety of so called conversion therapy. What are you thinking?

Commenter: John De Jong, Concord Church Fairfield VA

8/1/19 4:34 pm

Counseling Restrictions

Since when does a super minority (less than 3% of population) get to dictate to the rest of the population how to live their lives especially when they do not tell them how to live theirs?

With so many people helped by Counseling regarding sexual matters, it is entirely unreasonable to punish professional counselors for doing their best to help people who want to be helped. No one, to my knowledge, is ever forced to accept this counsel. Quite the contrary, the individual actively seeks this help.

The more government gets into our personal lives, the more freedom we lose. Perhaps the concept of "live and let live" has merit.

Commenter: Timothy Corbett, citizen

8/1/19 4:36 pm

Conversion Therapy

Given that some people are gender confused, and want clarification or even to affirm the congruity of their sex at birth with their gender, it wouldn't be appropriate to ban conversion therapy. For what reason would you condemn someone to remain conflicted and not allow a professional to guide them through?

Commenter: Lara

8/1/19 4:42 pm

Parental Rights

The abuse being perpetrated on children through politically based and biased pseudo-therapy is what you should be rallying against.

Respect the Constitutional rights of the parents to raise their children according to their faith. Allow children to get quality therapy that won't leave them mutilated and more likely to commit suicide as adults.

Do not deny these families the ability to choose the best therapy for this children, and stop trying to tell medical professionals how to do their jobs.

Commenter: Janet ferguson

8/1/19 4:45 pm

Adolescent girl; parents going through a divorce; deceived by dominant Lesbian helped with counsel

Our experience was successful. Counseling helped a troubled adolescent who thought she was a lesbian. She was pursued by a very friendly dominant lesbian into a relationship. The lesbian actually had her come to her house overnight.

Counseling helped the young girl to understand that this was not the time to be making such an important decision about her sexuality. She was going through a painful time with her parents and needed counseling for that.

Having a dominant lesbian "be there" for her during this painful time was aggressive. The young girl broke off the relationship after being counseled.

Today she is married with two beautiful children.

Commenter: Richard W Firth

8/1/19 4:47 pm

Change is Not Only Possible but Actually Happens

Miracles do happen and change is possible. It is cruel to deny a person the help needed to change an unwanted sexual attraction and causes that person to live an unbearable life feeling God and everybody hate that individual, resulting in rejection and severe depression that sometimes leads to suicide.

Without help and a continued practice of homosexuality it can lead to serious disease problems, some of which can result in early death. There are over 50 disease related problems connected with homosexual practices a few which are even fatal.

Since conversion therapy can be effective it should not be denied to those who request it.

8/1/19 4:48 pm

Commenter: Elaine Hanger

Censorship

People can change. Having same sex attractions is not something that everyone wants to embrace. Those that want help in dealing with this should be free to choose the type of Counseling that they want. Why would Counselors be gagged from helping someone get rid of unwanted feelings?

Please do not support censorship in this area.

Commenter: Burlie A. Brunson, PhD Citizen

8/1/19 4:48 pm

Denial of Parental and Professional Rights to Promote Political Agenda

In approving your recent Guidance Document, the Board has shamelessly asserted that counselors who help clients overcome their unwanted sexual desires are providing a service that "does not work and can cause harm. It is a well documented fact that the very opposite is true! Not only is change, healing, and wholeness in the area of our sexuality possible, but many successful outcomes of such counseling have been documented.

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of transformed individuals who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. The Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

I entreat you to consider fact and evidence instead of politically driven feelings as you move forward. Thanks for considering this point of view.

Commenter: Richard Keeler, M.D., M.P.H

8/1/19 4:51 pm

Restrictions on Counselors

I am a retired physician who is aware of the tremendous value counselors provide for people with a variety of problems. I strongly disagree with any interference of or proposed punishment of any licensed counselor who would try to help a person overcome their unwanted sexual attractions or to feel comfortable with the gender God created them to be.

To interfere with or punish any counselor who is willing to help someone deal with unwanted emotions or feelings is wrong. Counselors are trained to help people deal with whatever problems they face. I trust no steps will be taken to interfere with the counselor/counselee relationship.

Commenter: Rex Latham

8/1/19 4:57 pm

Do NOT Force Children into the LGBTQ Lifestyle

Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

To say that counseling can ONLY affirm the LGBTQ lifestyle without counseling regarding its negative features is unscientific and clearly biased.

Commenter: Stephen Hertz

8/1/19 5:01 pm

There is no objective basis for banning this therapy

There is no objective basis for banning this therapy. Doing so is old fashioned censorship.

Commenter: Shelton Dominici

8/1/19 5:01 pm

Ban Conversion Therapy

I STRONGLY urge you to 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: Carl Russell

8/1/19 5:02 pm

What planet are you on??? Why are you against my freedom and my religion?

Since when did this state decide it's going to tell me who I can talk to and about what? If I struggle with unwanted attractions and wanted counseling, who are you to tell me I can't?

There are hundreds, perhaps thousands of success stories of folks who have been helped and healed with counseling like this.

Any attempt by this body to limit my access to counseling is simply out of line.

Commenter: Jackie Lee

8/1/19 5:04 pm

Do NOT Force Children into the LGBTQ Lifestyle!

Commenter: Trygve Gaalaas

8/1/19 5:04 pm

Do Not Restrict What Counselors Can Say About Same-Sex Attractions

The state of Virginia should not restrict what counselors can say about same-sex attractions. To do so would imperil our most basic freedoms of speech and conscience, and also put politics before science.

Commenter: Patricia Opera

8/1/19 5:07 pm

Counseling

Parents are best suited to make healthcare decisions for their children. Parents have a fundamental right to make decisions regarding the upbringing and education of their children. Families have the right to seek counseling in line with their faith and beliefs. Please do not deny families this fundamental right with the institute of the proposed ban. Thank you for your consideration.

Commenter: Linda Stowell

8/1/19 5:13 pm

Counseling

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. These Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

Commenter: Martin Olson

8/1/19 5:14 pm

This action is wrong.

Commenter: Victoria Larson

8/1/19 5:16 pm

Allow Conversion Therapy to Save Lives

Having had a loved one who died in the homosexual lifestyle who was not privy to the CDC and Johns Hopkins data that undeniably reveal the diseases and the shortened life expectancy caused by that lifestyle, I strongly advocate to protect individuals who desire to leave it. The LGBTQ practices cause much harm and the dire consequences of diseases such as the high incidence of anal cancer should be publicized so no one is ignorant. Such information is extremely important to those younger than age 25- 32 when the brain is considered to have reached maturity.

Commenter: Jeanette Perrington

8/1/19 5:18 pm

Counselors MUST have the freedom to speak honestly with clients

Please do not stifle counselors providing guidance to children. My nephew has tried suicide at least three times because he's not been told the truth about his sexuality. A friend's daughter received honest guidance and is now living a very happy life. If a counselor cannot be honest, then what's the point. Politics does not fix our children.

Commenter: Curtis Marsh

8/1/19 5:22 pm

Conversion Counseling

Do not allow Liberal Orthodoxy to destroy lives. Not every person suffering from Gender Dysphoria wants to change their "gender" and may seek counseling to appropriately deal with their feelings. By restricting this caring counseling is a violation of that person's rights to proper counseling. Additionally, not all counselors would willingly "assist" someone to "transition" particularly when that decision is part of the counseling. This would force Counselors to push confused individuals into decisions they may not really want. How tragic for the individual. This is Freedom??

Commenter: Lucy Cupp, Retired Educator

8/1/19 5:22 pm

Pending Counselor Gag Order

I am very concerned about the efforts to limit treatment options and approaches counselors can use in helping their clients with life issues, especially those related to gender identity confusion. Please do not limit counselors' assessment of and treatment options in relation to clients who are struggling with gender issues. To tell clinicians and clients that they cannot legally work towards embracing the biological nature of their genetaila as their true gender in spite of their contrary feelings, is removing an option that may be the best one for the given client and avoid even greater harm and regret in the future. This is documented in a statistically sufficient quantity of cases to demonstrate its appropriateness in a large enough percentage of those who have chosen this clinical approach. Clients and clinicians should be able to mutually pursue this treatment course without fear of legal repercussions. Yes, there are those who do not respond well to this approach, but there are multitudes of those who strongly regret not sticking with their born with biological anatomy as their accepted gender identity. Also, there are multitudes who, with counsel, came to embrace their biological identity and have no regrets in doing so. To make it illegal for them to have the benefit of counsel to this end is abusive. And, please don't insult our intelligence by stating that counselling aimed at helping a person accept their biological anatomical gender doesn't work and is even harmful. A lot of us know the abundance of evidence that that shows otherwise and calls your motives and knowledge into question.

Commenter: Patricia Marseglia

8/1/19 5:27 pm

gender, marriage and the foundation of the world

IN the beginning God created heaven and earth. Man was made in God's image. Woman was taken from the rib of man. Marriage was elevated to a very high level by Jesus the Christ.

It is between one man and one woman. This is the foundation of the family and of society.

Unless counseling is done with the word of God, there is nothing to counsel with.

The above eliminates all societal confusion. Thank you for allowing me to express the truth.

Commenter: Frank Seaman

8/1/19 5:28 pm

conversion therapy

I do not see any reason to restrict counselors about any subject a person wants to speak about in therapy conversion therapy can help.ype over this text and enter your comments here. You are limited to approximately 3000 words.

Commenter: Ruth

8/1/19 5:33 pm

Conversion counselling

The very role of a counselor is to help people think things through. A person considering suicide wouldn't be denied counseling. A couple considering a divorce wouldn't be denied counseling. A person seeking a new job goes and sees an employment counselor. A person struggling with a drug, alcohol, sex or gambling addiction wouldn't be denied counseling! The very thought of denying a person (or the parents of a minor) counselling, as they consider such a life altering decision is not only unconscionable, but ludicrous and illogical. Everyone is entitled to counseling. It is criminal to withhold it.

Commenter: Richard Cheliras

8/1/19 5:45 pm

REGULATION OF COUNSELORS

Why do you insist on inserting your political agenda into the work these people are attempting to do to help our children? Their objective is to help a confused young person determine what is right for them. Your objective appears to be the support and defense of those with a certain view by excluding all others. Perhaps you should re-visit your purpose and examine if it is inline with the purpose of your group's mission, and not simply aligned with some politically motivated philosophy.

Commenter: Susanna

8/1/19 5:52 pm

Don't restrict counseling chose options.

science is never settled. Both sides will steadfastly reject the credibility of any studies in support of their rivals point of view. It's not the states job to pick sides. Instead the state should uphold our right to choose what is best for ourselves and our children.

Commenter: Richard E. Cooley

8/1/19 5:53 pm

Conversion therapy

It has been proved conversion therapy does work successfully so why not give a person who is unable to determine his sex an opportunity to obtain a review before making a final decision; once the decision is made it is for a lifetime. The tract record of those converting to LGBT certainly leaves much to be desired.

Commenter: Katie Brown

8/1/19 5:54 pm

Do not deny counseling choices

Please do not punish counselors who choose to use "gender affirming" or so-called "conversion therapy" with their patients. No one is forcing people into these therapies. They should remain a choice, an option for individuals who want to use them. Not everyone who experiences same sex attractions or gender dysphoria wants to continue down that path. Let the patients decide for themselves what sort of therapy they want from their therapist. Please do not limit their options.

It is also important not to punish counselors for following their conscience in deciding which type of therapy they will or will not offer to patients.

Commenter: Wanda Juraschek

8/1/19 6:01 pm

Support Freedom of Choice

People (including *parents* of minor children) should have **the right to choose** the type of counseling, and the counselor, they believe will be most helpful in their situation.

Because **the human brain does not reach maturity until age 20-25**, children younger than that may need guidance if they are experiencing sexual or gender confusion. Counseling that supports gender transition *in children whose brains are not fully developed* constitutes "unprofessional conduct" and should be banned. As children's bodies *are protected by law* from alcohol and cigarettes, **they should be protected** from the damage of gender transitioning medications and surgeries.

Commenter: Robert Kowalke

8/1/19 6:09 pm

Equality and rights of men

It's a matter of choice and Virginia families should be free to make the choice that is best for them, which may lead them to conversion therapy. Also, Virginian's in general should have the right to make this decision for themselves as to a certain type of counseling they may want in pursuit of their well being.

Banning this type of counseling is not in keeping with our Virginia Constitution's Article 1. Bill of Rights: "<snip>...the enjoyment of life and liberty, ...and pursuing and obtaining happiness and safety."

<https://law.lis.virginia.gov/constitution/article1/section1/>

Nor is banning this type of counseling in keeping with Article 16. Free exercise of religion; no establishment of religion: "No man shall be ...nor shall otherwise suffer on account of his religious opinions or belief; but all men shall be free to profess and by argument to maintain their opinions in matters of religion, and the same shall in nowise diminish, enlarge, or affect their civil capacities. <snip> ...it shall be left free to every person to select his religious instructor, and to make for his support such private contract as he shall please."

<https://law.lis.virginia.gov/constitution/article1/section16/>

Banning this type of counseling infringes on Virginian's pursuit of happiness, and on their making a private counseling contract as they please. Consequently such counseling should not be banned. I thought this explanation was helpful regarding this matter.

<https://www.focusonthefamily.com/socialissues/sexuality/leaving-homosexuality/the-right-to-counseling-for-unwanted-same-sex-attractions>

8/1/19 6:20 pm

Commenter: G. Burgess

Conversion Therapy is Child Abuse

The practice of Conversion Therapy has been widely discredited by legitimate psychologists. It is a form of emotional and psychological torture and absolutely should be banned. This archaic and abusive practice has no place in this state or this country. It is intrinsically harmful to a child and must not be tolerated. No parent has the right to abuse their children.

Commenter: Craig DiSesa

8/1/19 6:23 pm

Freedom of Choice

It amazes me how people worship "choice" when it is convenient to their ideology. This is a perfect example of forcing a belief system on those who don't agree. I encourage the board to reject any attempt to restrict a person's desire to want to change.

Commenter: Scott Davis

8/1/19 6:23 pm

Denying choice to clients is harmful and against the moral code

This proposal to restrict counseling is an affront to a client's right to choose the way they want to address the questions in their lives. This goes against the code of counseling. It also goes against the speech rights of counselors.

I have known many young people who questioned their gender or orientation at one time. Counseling gave them a chance to explore their feelings and options. Ultimately many decided not to adopt a gay or transgender identity. Why would you deny them that choice?

Commenter: T. Anderson

8/1/19 6:33 pm

Limits on Counselors

Any person seeking counseling to combat same sex attraction should be free to do so. Any laws restricting this ability is a complete invasion of privacy and personal liberties. The government has no business regulating a person's right to seek help for an issue THEY perceive to be a problem in their lives. Please consider the consequences of this law. No one should be forced to receive counseling but no one should be prohibited if they desire this service. To implement such a regulation is plainly and blatantly wrong and counter intuitive. Lawmakers supporting such laws will be held accountable for their actions. Harm that comes to those seeking such services but unable to receive such help due to this backwards law will be on your heads.

Commenter: Paul Perrone

8/1/19 7:09 pm

Violating Patient Rights

It is beyond me why the board would want to restrict counselors from helping patients to rid themselves of unwanted sexual orientation. If the patient is desiring to change why is this a problem? The only reason I can fathom is the board's members are either brainwashed by the gay lobby's propaganda or afraid of being falsely labeled as homophobic. I wonder if someone wanted to rid themselves of heterosexual impulses that the board would be so restrictive. Shame on you.

Commenter: Ellie Gudeman

8/1/19 7:10 pm

proposal to ban “any practice or treatment that seeks to change an individual’s sexual orientation o

I strongly oppose this sweeping proposal to ban “*any practice or treatment that seeks to change an individual’s sexual orientation or gender identity,*” 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.

Commenter: Kerryn McMeans

8/1/19 7:16 pm

Counselors cannot help persons overcome their unwanted same sex attractions

Excuse me, but individuals seek counseling for individual needs. If a person seeks counselling to overcome UNWANTED same sex attractions, counselors should not be prohibited from providing the counselling. The reason for the law is because this counselling may be harmful. Certainly not to everyone. The data you are using is limited and the law is biased because of the overwhelming influence of the LGBTetc. agenda. Please consider that counselling is an individual need and as such should not be prohibited for a select group of people.

Commenter: Glyn Roberts

8/1/19 7:22 pm

Don't Restrict the Doctor-Patient Relationship

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues.

Let the professionals provide the services they believe are appropriate.

Commenter: Joseph E Hamilton

8/1/19 7:27 pm

conversion therapy

Please return to what God says in His Word. We should seek His forgiveness for the direction we are going in. I am praying for you to make the right decision.

Commenter: Deborah Abbott

8/1/19 7:32 pm

Your Proposal is WRONG!

Since when does your organization control FREE speech? Your proposal hurts rather than helps anyone. Additionally, your Gestapo agency wants to stifle Christian beliefs which is Constitutionally protected.

Commenter: Sarah Bratt

8/1/19 8:05 pm

No more harmful "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: Everett Johnson

8/1/19 8:06 pm

Denying patients the right of counsel they are seeking is as anti American as anything could be

The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which **they seek to be free**.

When people seek out this counseling your trying to prevent it is just plain morally WRONG. It is a violation of free speech and freedom of belief provided as a right by our constitution and common sense. I believe you fill find yourself to be in a loosing battle in the courts.

I certainly will vote against any candidate of party that supports such an outrage. This is as anti American as anything could be.

Commenter: Alice Johnson

8/1/19 8:07 pm

Preventing people from seeking the counsel of their choice is both morally wrong and anti American

The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which **they seek to be free**.

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I certainly will vote against any candidate of party that supports such an outrage. This is as anti American as anything could be.

Commenter: Faith

8/1/19 8:19 pm

Don't Take Away A Child's Right to Seek Counseling for Unwanted Same-Sex Attraction!

I have friends who have struggled with unwanted same-sex attraction. They do not want to live a homosexual lifestyle. They have sought out counseling to help with this. Where is their freedom if they don't have a choice against this. It is totally taking away their rights to limit a counselor from helping them with this struggle. Totally wrong.

Commenter: Catherine Baab

8/1/19 8:41 pm

Do not ban people from seeking counseling to overcome same sex attraction

Commenter: Bo Kim

8/1/19 8:41 pm

Support for the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60

Dear Virginia Board of Counseling,

Hello, my name is Bo and I am writing in support of **the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60**, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia.

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

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

Research shows that lesbian, gay, and bisexual (LGB) youth are 4 times more likely, and questioning youth are 3 times more likely to attempt suicide as their straight peers. Nearly half of

young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt. Young people who experience family rejection based on their sexual orientation, including being subjected to conversion therapy, face especially serious health risks.

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: P Pacheco

8/1/19 9:15 pm

Don't restrict counseling services

Please allow people to seek the treatment that is right for them - including counseling for unwanted sexual attraction.

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-

science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. Please don't deny counseling to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them.

Commenter: James Helberg

8/1/19 9:32 pm

Unprofessional Conduct

There is absolutely nothing unprofessional about counselling someone trying to resist or return from a sexual situation. I have personally met people who have reverted from homosexuality with the help of counselling and they were happy to have been able to find help. Counselling is exactly that. It is not trying to sell something or pushing a political position. The only unprofessional conduct on this subject is trying to prevent counsellors from doing what they are supposed to do.

Commenter: Jack Slimp

8/1/19 9:53 pm

Misguided regulations

Why is the state Board of Counseling moving forward with its new Guidance Document threatening to punish any licensed counselor who tries to help a young person overcome their unwanted sexual attractions or to feel comfortable with the gender God made them – despite the large majority of comments opposing this politically-motivated policy!? To suggest that biologically-affirming counseling does not work **is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues.** The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. The **Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.**

Commenter: GARLAND E BROWN

8/1/19 10:09 pm

Do not ban a families right to the counseling of their choice

Why does the Board of Counselling feel that it has the right to ban therapy that families want? Who made them judge and jury? Why do they think they have the right to violate client patient privilege?

Commenter: Rev. Kendra Grimes

8/1/19 10:11 pm

Conversion Therapy is wrong

I respect the American Psychological Association and their position that conversion therapy is detrimental to the mental health of those under its effects. I have a child who is LGBTQ and embrace that love my child completely. My heart breaks for people whose families seek to change them and not accept them for who they are. Conversion Therapy is harmful and shouldn't be allowed in Virginia.

Commenter: Deborah Minden

8/1/19 10:13 pm

Conversion therapy

Homosexuality is no longer considered a mental illness and has been taken out of the DSM. Logically then a therapy to change a person's attraction to their own gender is not a disease and does not require treatment. Parents have no more right to try to change their child's orientation than they do to change eye color, handed ness, or other traits. It is cruel and also useless. It destroys the bonds between child and parent and destroys families. Ban the use of conversion therapy in Virginia and support healthy respectful relationships between family members.

Deborah Minden

Commenter: Richard ONeill

8/1/19 10:21 pm

Offer Encouragement to Counselors

I hope that the Board of Counseling will not impose restrictions upon, but will offer positive encouragement to, such licensed counselors as try to help young persons overcome their unwanted sexual attractions or help young persons feel comfortable with their God-given gender.

Commenter: Amanda Darvill, American Foundation for Suicide Prevention, NCAC

8/1/19 10:23 pm

Support for the NOIRA regarding regulations on the Practice of Conv

Dear Virginia Board of Counseling,

Hello, my name is Amanda Darvill and I am writing in support of the NOIRA regarding regulations 18VAC115-20, -30, -50, and -60, on the Practice of Conversion Therapy, which would protect youth under the age of 18 from so-called "conversion therapy" at the hands of licensed counselors in Virginia.

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.

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,
Amanda Darvill

Commenter: Denise L

8/1/19 10:24 pm

https://www.youtube.com/watch?v=6mtQ1geeD_c&t=935s **Watch this-this is the real scientific evidence**

https://www.youtube.com/watch?v=6mtQ1geeD_c&t=935s

Why do you want to take away someone's free will to choose help for themselves? Is it because you don't agree with it? If it is because you think or are told it is dangerous and causes more harm than good...please watch this presentation and you'll see that people need help..especially before puberty, or the dangers of depression and worse actually go up. Studies showed suicides are actually higher in people who go through surgeries/medicine to encourage this life choice....which was once called a disorder (something is wrong internally) and is now called a dysphoria (it's society's 'fault' - external struggle.) Every American has the right to choose their own treatment, whether you agree with it or not. America is the land of the free and should not be denying a person's right, taking away their choices, banning certain counseling, infringing on parental rights, or the doctor-patient relationship. These are absolutely NOT dangerous nor discredited practices. In fact, the opposite is true. Again, watch this video.

Commenter: Ann Hodge

8/1/19 10:26 pm

New Regulations NOT GOOD

These new regulations are very harmful because they don't allow people to get the help they are seeking. Kids go through lots of phases in trying to figure themselves out and they should be able to get the guidance they want if they're uncomfortable with the thoughts or feelings they are having. It should not be only a one way street. "You can go in and explore but you can't go back!" Faith-based counselors and religious people need to be allowed to counsel/be counseled according to their beliefs. These new regulations should not be added.

Commenter: Andrea T Pitman

8/1/19 10:47 pm

Ban Conversion Therapy

Conversion therapy is torture. It is not a legitimate "treatment" (people's identities do not need to be "treated"), it is outdated, and dangerous. A child is an individual who deserves to be respected as such, not treated as property for hateful parents to crush.

Commenter: JONATHAN CLOUGH

8/1/19 10:54 pm

Mandating a misguided mono-culture & Violating volition

Aside from the fact that the proposed regulations have no statutory or constitutional basis, the very concept of mandating or compelling counselors to parrot a "party line" dictated by a state Board, rather than freely exercising their best professional judgment, informed by the specific circumstances and status of their patients, does violence to the principles of professional ethics as well as individual sovereignty and freedom from compulsory speech. Such regulatory overreach may be right at home in the Communist Party of China, but not here in this Republic.

Biology-affirming counseling is neither dangerous nor injurious, and there is ample evidence to support its value and effectiveness. Claiming otherwise is demonstrably deceitful.

Such regulations fly in the face of the tenets of diversity, tolerance and inclusion that are so often heralded by Assembly leadership. We do indeed live in an increasingly diverse Commonwealth, and those of us that hail from cultures, traditions and faith communities that subscribe to moral guidelines and truth claims about the nature of male and female and human sexual behaviors

should not be excluded from the ranks of professional counseling by a cloistered elite in Richmond or be afforded no options as patients for counseling that is consistent with both our values and our biology.

And finally, if patient "feelings" are the final arbiter of biological, psychological, and sociological truth, then you must explain how the proposed regulations can be consistently applied in situations when such feelings change, and a patient expresses uncertainty, reservations, or regrets about pursuing a counter-biological course of treatment. The regs must permit counseling that assists such individuals that are seeking to re-align their emotions with their biology.

Commenter: Dana Perkins, Citizen of VA & Parent

8/1/19 11:13 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.

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: Dr. Kimberle Jacobs

8/1/19 11:20 pm

Ban conversion therapy

Please continue with your regulation to ban conversion therapy. There is no scientific evidence that "therapy" can turn gay kids straight. We don't allow parents to abuse their kids and CT would be abuse.

Commenter: Matthew Hatcher

8/1/19 11:44 pm

Commonsense is being abandoned in the Commonwealth of VA

The idea that a counselor cannot help a client with unwanted sexual feelings is ridiculous. Sexual feelings happen but what we do with them takes wisdom and discernment to do the right thing.

Since a person's sex is hardwired into the DNA of that person, the science behind transgenders is lacking. Since when did a collective of people concerned about the science of helping people become so unscientific and restrictive?

Commenter: Carolyn roberts

8/2/19 12:12 am

therapy, conversion

There seems to be a problem these days with conversion therapy counselors. I can't see why that is. It should be obvious to the dumbest person in the world that there are two sexes, and that when someone thinks they are something they're not they have a mental problem. And if they desire to have someone help them change, it should be there right to change with the help of a counselor.

Commenter: Patricia Gray

8/2/19 12:22 am

Let Counselors and patients decide what therapies they want!

This new "guidance" is political correctness at its worst and is not based on good science or experience. The Board is not concerned with the patient, but with promoting the overwhelming insanity of same-sex-ness and transgenderism that is forcing itself on everyone in all places. Leave alone patients and their counselors who wish to pursue the issues they need to pursue.

Commenter: Doris Dippel, private citizen

8/2/19 2:55 am

Oppose the Change

I oppose the proposed change in rules and policy that would make it a legal offense for a counselor to work with a counselee concerning the latter's confusion about or desire to change or clarify their gender identity. It is illogical to suppose that a young person seeking counsel would only want to know about or benefit from counseling that encourages an alternate sexual identity, but not from counseling that would contrast that with their retention and acceptance of their biological sexual identity. A young person cannot make an informed decision without knowing both the pros and the cons of their decision.

Commenter: John Yancey

8/2/19 6:21 am

Allow Counselors & Patients Freedom of Choice for Therapy

Patients & their counselors should be allowed to choose the therapy they desire and not be restricted by oppressive regulations.

Commenter: Joanna Woodworth

8/2/19 6:41 am

Let people seek the kind of therapy they desire

When I was a kid, I always wanted to be a truck driver, travel the states and be free from my "mean" parents. My husband wanted to save people and be a fireman. Neither one of us ended up pursuing careers in those fields, but as we grew, developed and matured, we realized our talents and skills were in other areas. Thank goodness, we had teachers, parents (who weren't so mean after all), and counselors who guided us through our growing, changing, maturing process. Many people have given testimony that they have been lovingly guided through conversion therapy. Children are especially prone to being swayed by peer pressure and recent societal trends, and none of us are exactly the way we were in ideology, philosophy or desires that we were as young people. It has also been proven that if a person does not want to change during therapy, that they won't. A counselor has no magical power

over the client. The client must desire guidance and choose to change themselves. There is conclusive evidence that people can be helped by seeking professional counseling in becoming the person they want to become. Should we ban therapy if a person really wants to become LGBTQ? We need to let people seek the therapy that helps them seek the kind of self-improvement that they desire. Please do not restrict this right.

Commenter: Gail Christie

8/2/19 7:00 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 be (or can be) "cured."

Commenter: Kasey

8/2/19 7:09 am

Not allowed to claim small government any longer! Vote Nov 5

For a party that claims to be for small government, they sure do care a lot about regulating individual people. Fight tooth & nail against any common sense regulation on guns but more than one instance where they insist on controlling a person's body. This trend to put their own beliefs ahead of factual scientific information is incredibly scary. Protect the people. Change the body. Vote Nov. 5

Commenter: Mary Rice

8/2/19 7:46 am

Freedom to choose for counselors and patients

Counselors should not be forced to disregard patients who seek to overcome unwanted sexual desires. How anti-choice these regulations would be!

Commenter: Vernon Harvey

8/2/19 7:51 am

bad decisions

As part of this occupation you would think that you would understand that limiting how they can work with a patients is bad. You are not there and don't know the patient and don't know what is needed.

Commenter: Teri Beasley

8/2/19 7:57 am

End it. This is not therapy, it is torture

End this "therapy". Medical and psychological experts agree that this must end.

Commenter: Carrie Walker, LPC- Richmond Creative Counseling

8/2/19 8:13 am

Conversion Therapy Is Harmful

As a Licensed Professional Counselor and owner of a large group therapy practice in Richmond Virginia that serves a large chunk of Richmond's LGBTQ members, I support the conversion therapy ban because I have witnessed, first hand, the dangerous and harmful effects of this pseudoscientific practice. As Licensed health providers, we have a duty to cause no harm to the individuals we serve. Having a license is what makes us stand apart from unregulated providers who have not had specialized education, training, and clinical supervision. Our licenses communicate a certain professional integrity to the public that ensures we are held to the highest standards when it comes to providing evidence-based treatment. Conversion therapy has been proven to be ineffective, harmful, and life-threatening. While we respect all parents in their parenting decisions and their values (even when they conflict with our own), we also have a duty to protect minors from abuse and neglect. Conversion therapy is a form of abuse and we should be educating parents about the harmful effects, not being complicit with a practice known to lead to self-loathing and suicide. I strongly encourage the Board of Counseling to push forward with guidelines banning the practice of conversion therapy.

Commenter: J. Dominguez

8/2/19 8:15 am

Please allow those who seek counseling to be set free!

Change, healing, and wholeness in the area of sexuality is possible, and it has been seen throughout many inspiring success stories.

Biologically-affirming counseling works to help the countless number of people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. It is unjust and cruel to deny this counseling to patients who are seeking it, or to punish licensed counselors who are called to compassionately help them find it.

Please allow those who seek counseling to be set free!

Commenter: Michael Nelson Getsi

8/2/19 8:24 am

"Conversion Therapy"

The state's efforts to discourage or downright outlaw conversion therapy is misguided and dangerous. This job belongs to the parents of children seeking to understand and perhaps change their unwanted sexual feelings. To go through life feeling like an outcast and an aberration leads many to suicide. Please reconsider your planned regulation and put it in the trash where it belongs.

Commenter: Rebecca Dillard

8/2/19 8:43 am

Strengths Based Counseling

Please allow counselors to do their jobs. When a patient comes to a counselor with concerns it is the professional duty of the counselor to help with those concerns, no matter what the counselor feels about those concerns. Please do not legislate what happens between a counselor and those they are treating. Do not limit the counselors ability to help by declaring the concerns of the patient null and void by law. No counselor can do their job if they are not allowed to help a patient in whatever their goals may be. If a patient wishes to move past feelings of attraction that make the patient uncomfortable, why keep a counselor from helping? If a patient wants to feel more comfortable with those feelings, it is also the counselors job to help in that situation as well. If a

patient feels they are the wrong gender, it is not just the counselors right but moral imperative to help the patient understand and get to the root of those feelings and make an informed decision about what to do next to live that patient's best life possible. No counselor should be held back in helping their patient because they fear that they will be punished by the law for doing so. Please don't legislate the ability to help patients out of the profession of counseling.

The laws of our commonwealth can't tell a person they are gay or straight or male or female. They also cannot tell our counselors whether their patients are gay or straight or male or female. These are hard to grapple with feelings, and ideas. Counselors must feel they can help patients navigate these grey areas without fearing for their own professional and personal lives because of laws that don't take into account the nuance of the counseling relationship.

Commenter: Erin White

8/2/19 8:49 am

Conversion therapy is morally wrong and does not work.

Variations in gender expression, sex, and sexual orientation have always existed across animal species and throughout human culture. Trying to "counsel" those traits away is misguided and harmful, and it simply doesn't work. We have seen and heard from people time and time again who have been harmed by this work, and who have later vocally opposed these methods. It doesn't work. It just hurts people.

The best thing we can do for LGBTQ+ youth is **believe them and support them.**

Commenter: Henry Polczer

8/2/19 8:50 am

Your Policy is Misguided and Biased - Respect Counselor Rights to Speech and Liberty

Your policy to not permit counselors to freely assist clients - especially minors - to recognize the negative effects/ramifications of same sex attractions is misguided and discriminatory.

Further, to even propose regulations that would punish counselors who follow their professional and personal beliefs against same sex attractions is a direct attack on free speech - an action that your board has already blatantly disregarded.

It is never too late to reverse course on a bad decision and I respectfully ask that the board consider doing so immediately!

Commenter: Jeffrey Beatman

8/2/19 9:05 am

No Conversion Therapy!!

Please don't allow any type of conversion therapy to be used with our LGBTQ youth or adults. This horrible shaming practice increases the likelihood of depression, suicide and self loathing. Don't allow this!!!!

Commenter: Joe Casey, individual

8/2/19 9:08 am

Unprofessional conduct - conversion therapy

Conversion therapy is needed to assist persons who are uncomfortable with their gender as determined by their genes. They may need therapy and want it at some time in their lives and it should be available in Virginia. They may not want it at some time and they may want it when they get tired of playing the opposite gender as they mature and they get over their raging hormones of adolescence. Gender is determined by genes. Behavior is always chosen and often based on misperceived benefits and only when they find that the benefits are not coming and they pursued the wrong choice, then they can then change behavior.

Commenter: Sharon Naylor

8/2/19 9:20 am

Freedom! Stop oppressive legislation that treats us like fools

Let's stop treating Americans/human beings like idiots. We should have freedom of information - and the right to choose my own spiritual leader, doctor, counselor and their related ideology - We are a people who seek abundant life. What will come of us if we have a government who tries to tell us what will and will not give us each the life that we desire? How can anyone legislate what I "should" and "should not" want out of life and then turn around and call this "the land of the free?" Please don't allow government to get to decide what is - and what is not - harmful to my sexuality and psyche. This is the God-realm - and government should stay far-far away!!

Sharon Naylor

Commenter: Anne Freel

8/2/19 9:29 am

new Guidance Document

Your statement that counselors who help clients overcome their unwanted sexual desires are providing a service that "does not work and can cause harm" ~ is simply not true! We know that the very opposite is true! Not only is change, healing, and wholeness in the area of our sexuality possible, but we've seen many inspiring success stories. To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. Respect the RIGHTS of counselors and patients to decide!

Commenter: Katie Moore

8/2/19 9:29 am

End Conversion Therapy

I am a resident of the City of Richmond and support the movement to end conversion therapy practices. We can't allow one more young person to be targeted and hurt by these dangerous and discredited practices.

Commenter: Wendell K Belvin

8/2/19 9:40 am

Counseling Restrictions

Counselors should be able to discuss options and resources on any subject including gender identity, sexual preferences, etc. This effort to restrict a counselor's ability to share resources from multiple points of view will lead to patients not garnering the help they need and could lead to tragic results including suicide.

Please do not restrict counselor's tools and limit the subjects they can discuss based on a small minority of people who have an agenda to "change the world" in ways that are not organic or natural but by forcing legislation.

Commenter: Audrey Stout

8/2/19 9:40 am

Proposed regulations are most intolerant of faith and counselors freedom of speech

It is most distressing to find the Virginia Board of Counseling continues moving forward with its new Guidance document which attempts to silence both the desires of counselees who want help to be free of unwanted sexual feelings and identifications and their chosen counselors to help them. This goes against free speech and attempts to force counselors to abandon their beliefs which may be based upon their faith and teachings of the Bible upon which their faith is built. It is not cruel and unloving, but compassionate for those suffering and seeking help. **Please do not allow ideological biases of the Board's become a valid basis of denying biologically-affirming and faith-based counseling for patients who seek it.**

Commenter: Mary Ellen Olbrisch

8/2/19 9:42 am

Freedom vs. Coercion

"Conversion therapy" would be one thing if it was freely chosen by an adult who had carefully considered the reasons to attempt change of what is widely agreed based on the best scientific knowledge to be impossible to change, and in such cases it would not require isolation and brainwashing techniques. The reality is that conversion therapy is imposed on adolescents whose freedom is taken away by parental decision at a time of life when this is coercive, harmful and ineffective. The board has experts who have looked at the scientific literature on this topic. It can ban conversion therapy without in any way infringing on legitimate free speech within a non-coercive therapeutic relationship that does not require social isolation of a client or brainwashing techniques.

Commenter: James Stansbury

8/2/19 9:46 am

Wake up to this dangerous agenda

Right now even feminist groups and liberal parents are crying out for Americans to wake up to this dangerous agenda. Groups that would have never been considered allies are teaming up to fight for the future of girls, privacy, women's sports, and parent's rights. Parents who have suffered through the government separating families by ripping their children away or authorizing treatments against their will are speaking out. Doctors are resigning from clinics that rush kids into puberty blockers. Attorneys are filing suit to stop states from bypassing parents on painful, body-mutilating surgeries. National organizations from both sides are pleading with the U.S. Surgeon General to investigate the harms of puberty blockers on minors.

French philosopher Voltaire said it best. "Those who can make you believe absurdities can make you commit atrocities." Don't allow these atrocities to be committed on our kids, some of who barely know how to spell gender.

Commenter: Patricia Tryal

8/2/19 9:48 am

Free to choose

I cannot understand how the choice to end the life of a baby by the mother is so very loudly protected by some, yet the choice to seek therapy for unwanted sexual feelings is not! Where is the disconnect? No therapist should be forced to encourage dangerous thinking that leads to serious and irreversible consequences in a young, still forming person. Where does the first amendment right to free speech fit in here? when

Commenter: Deborah Fordham

8/2/19 10:45 am

ALL kids experiment around with identity

I have four grown children. I was a full-time mom. I have find many of the "wise" decisions about child-rearing are being made by people who never parented full-time. They had sitters with the kids more than half of their waking hours!. Or they had only one or two children.

My oldest, when he was four, decided to change his name to Alice and become a girl. I played along. Two days later he decided he was a boy again. That is what kids DO!

Others, along the way, decided they were dogs, unicorns, Mario, etc. Of course Halloween was always great! That's okay. That's normal.

As they hit puberty, I realized that one might become gay. I have seen many children "turn" gay to thwart their parents, and many are truly "born that way." I was prepared in case the child turned gay, I could accept it. But it didn't happen.

Now a judge somewhere (not a law) decided that sex is the same as gender. That is obscure thinking! And look at the list of genders! Astralgender aligns with the stars! How can anyone study this and not laugh out loud? Fine, align with the stars, be gay, do what you want in your bedroom, but you are still a male or female. A doctor's first words when a child is born proclaims the sex and that doesn't change.

Women have an extra layer of fat. Women's brains are different from men's. It is far more than sexual organs that make men and women different.

Sure, as a chemist, I "think" more like a man than a typical woman. I am NOT a girlie girl and disdain makeup. My doctor says I have "men's hips" and therefore had to have C Sections. There are crossover traits, but I am still a woman. It doesn't matter if I want to make love to man, a woman, or a dog, I am a woman. Period.

To try to tell a child that they are not the sex that they were born, or that by changing some hormones or sexual parts they can change their sex is not only wrong, it is child abuse. SexChangeRegret.com tells many stories of people duped into believing this. The only person I know that has had a sex change operation regretted it. One young man in Great Britain has changed back and forth several times.

Instead of accepting a child's fantasies as reality, we need to help them accept the truth. Anything else is just futile and encourages mental illness and bigger problems down the road.

8/2/19 11:35 am

Commenter: Sandra Chapman

Male or Female

When I was born to my mother and father they told them you have a baby girl. I was and still an a female because I was born that way. I have no problem with that what-so-ever. Gender only has 2 sexes. God planned that way. He knew what He was doing way back then and now. I fell sorry for those who can't make up their minds to whom they are these days. Only time will tell and that is getting shorter day by day.

Commenter: Chris Brigham

8/2/19 11:53 am

Why do we limit the drinking, driving and voting age?

I have raised 6 children with my wife and am currently involved with the love and care of disadvantaged black inner city men in Washington D.C. I am not a trained counselor but have considerable experience caring for others who are immature and uncertain about so many things. Even if we disagree about what is normative behavior or sexuality, I hope we agree that limiting decisions because of immaturity is wise. We limit the drinking, driving and voting age because we agree that below a certain age a person is clearly not mature enough to handle certain responsibilities. Maturity is not just a function of age but of learning how to make decisions about all aspects of life, including sexuality, that are not destructive but in fact constructive and productive for the person and others around them. Please do not limit the options of counselors to help people become emotionally stable and mature. The goal of therapy is not simply about sexuality but a much more comprehensive goal of maturity. Please do not judge and thereby limit any therapy based on a particular world view or condemnation of another.

Commenter: Terri Hierholzer

8/2/19 12:00 pm

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: George Marshall

8/2/19 12:29 pm

End 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: Amy Haywood

8/2/19 12:43 pm

Please reconsider

To Whom It May Concern:

Why is it only okay for counseling only to go one way (i.e., affirming gender dysphoria or same-sex attraction)? If adults or children want counseling to help them deal with unwanted same-sex attraction or unwanted feelings, why is that anybody else's business? Many thousands of people have gone through this type of counseling, and they say it works. Why would you want to take away that option from people?

Obviously, any type of treatment like shock therapy or anything else like that would be inhumane--and that DOES NOT happen in these counseling sessions in the 21st Century, though that misconception is brought up time and again to justify counseling bans. And aren't things like shock treatment already illegal? If counselors are abusing people in any way, don't we already have laws on the books to deal with that? Wouldn't they lose their license?

Many times (not all times, but many), children and adults deal with various sexual attractions because they were abused. If counselors are not allowed to get to the root of issues because of political/ideological biases manifested in onerous policies, people will ultimately be harmed. Children will potentially remain in abusive situations, and the perpetrators will get away with the harm they've done. It's pretty commonsense. Again, abuse is not the cause of every situation, but it does account for SOME situations.

When it comes to counseling for adults, it's unconscionable that policymakers would take away something that an adult wants to do. Please don't go down this route.

Thank you,

Amy

Commenter: Carol Franzen

8/2/19 12:47 pm

Let Counselors Do Their Jobs

Professional counselors are trained to help people overcome unwanted behavior. Please support all those who are helping people be who they are, according to biology: male or female. If these clients want to overcome homosexual tendencies, it is their right and the counselor's obligation to assist. Stand against the LGBT agenda and protect those who are seeking professional help to overcome this unnatural way of life.

Commenter: Christine Robinson

8/2/19 12:54 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: Ricardo A Snyder

8/2/19 12:58 pm

No Basis for this decision!

I am a licensed counselor in VA. I don't believe that many of those who are leaving comments about this Bill even know what they are talking about. I'm referring to the fact that even though there may be some studies showing conversion therapy "might be harmful," there are others who have studied the issue who have found the opposite to be true, along with many individuals who could testify to that personally. In my profession the ethical guidelines say that I shouldn't practice anything I am not competent to practice (i.e. have appropriate education and training/supervision for). This is what should guide me in terms of whether or not I conduct this kind of therapy, not the goals of activists of the LGBT movement who believe it shouldn't be done and cannot be done because they somehow feel it will destroy their political goals and future of their movement. There is plenty of research that shows that certain lifestyles such as homosexuality and transgender living are often fraught with great risks and complications such as depression, suicidal ideation and attempts, along with increases in cultural and familial stresses, not to mention some of the medical risks. Yet here they are saying that there may be some risks in conversion therapies for "some" people! These issues are not being looked at honestly or scientifically. Only as a political issue. As someone else commented, a person has a God given right to make a choice as to whether or not they choose to change a behavior of theirs, and politicians and social movements shouldn't be able to decide that for them. What if our society had decided to not treat drug abuse and alcohol abuse because we felt relapse would be a risk, or people might get depressed if they had to face their problems with out these things. We would be in a really bad spot. I'm just asking that we truly set up honest and fair commissions to study these types of therapies like we do with any other problem, and determine what to do based on TRUE scientific studies, not ones sponsored by the LGBTQ activists.

Commenter: Brent Keilen

8/2/19 1:05 pm

No Government Punishment for Counselors

Please do not punish licensed counselors for helping patients overcome their unwanted sexual feelings. Government should not restrict counseling because it affirms biological realities concerning male and female. This intrusion would be an unreasonable limitation of freedom. While government boards are labeling this practice as "conversion therapy" it would be more accurate to call it "biological affirmation counseling" based on science. To indicate that biologically-affirming counseling does not work is an insult to the many people who have shared publicly that this type of counseling has helped them personally overcome feelings and attractions they did not want. People should be free to choose the counselors they want, and counselors should have the ability to share freely without the threat of government punishment.

Commenter: Anna Klemm

8/2/19 1:08 pm

Don't restrict counselors

Counselors should not be forced to treat patients in a way that is inconsistent with their beliefs. We don't need legislation restricting what kind of counseling people can CHOOSE to receive. That's not freedom of speech.

Commenter: Concerned Parent

8/2/19 1:09 pm

Counselors Right to Freedom of Conscience

As a parent of a 14 year old boy who feels that he is homosexual, I am not approaching this subject as a spectator. I am fully aware of the challenges that most kids face (as well as adults), separate from an identity crisis. Disallowing professionals a scope of treatment on any level is tyrannical when imposed by any government. Should a physician be restricted from offering nicotine patches to a smoker? Or offering a specified diet to a person who struggles with weight management? The need is ultimately irrelevant. Any government imposition on a trained professional's ability to provide a course of action that has been proven effective and deemed appropriate by both parties is an unwarranted overreach and unconstitutional based on their first amendment protections and their ethical duty to do no harm. If you pursue this regulation to restrict and coerce counselors, we will be forced to litigate, and we will win.

Commenter: Camille Dunn

8/2/19 1:10 pm

Stop 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: Sandra Wiggins

8/2/19 1:11 pm

People Should Retain Choices for Self-Determination

There are two kinds of professional counselors or psychotherapists: those that empower clients on their journey and those who push a specific agenda. The latter may be unethical but this is already covered in existing regulations.

People, especially young people, should have the right to self-determination in the context of their own chosen religious or philosophical belief framework.

Certainly individuals should not be forced to see any particular therapist, but this is usually a parental oversight issue with minors and not one with an ethical professional therapist, whether they work with minors or adults.

Attempting to micromanage what goes on in the privacy of a therapeutic relationship is not helpful. Coercion of any kind is unethical, but this is addressed in existing regulations.

Commenter: Eric Marx

8/2/19 1:24 pm

Keep Free Speech in the Counselor's Office

The government has no business telling a counselor what they can or cannot say in the practice.

Commenter: Patricia Mitchell, First Congregational Christian, United Church of Christ

8/2/19 1:31 pm

Ban conversion therapy, please

Please hear these words:

- 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.
- Please ban this harmful practice--it does not work, it is unnecessary & it is unethical. Thank you.

Commenter: Mark L Sensabaugh

8/2/19 1:33 pm

Are we losing the value of honoring client's right to determine their desire for counseling?

I can see the inappropriateness of a counselor imposing their views on an individual. I can also understand that a counselor can't change someone's identified sexual orientation.

But if contributors to client sexual orientation may be to experienced hurts that contribute to attachment to the same gender and they are wanting to explore whether healing of those hurts change anything about their level of sexual attraction. Why would a client not be allowed to explore this? Isn't this a reverse discrimination to client centered counseling?

Commenter: Patti Hardy

8/2/19 1:33 pm

NO..to efforts of unelected officials to bypass the General Assembly with unconstitutional proposal

Unflinchingly reject this sweeping proposal by unelected governor-appointed officials that undermines the fundamental rights of parents, who are closest to their children's challenges. The proposed ban would deny families the freedom to seek counseling aligned with 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. In any 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. **What happened to freedom of speech, of thought, of reasoned civil discourse?** Thousands upon thousands of young people 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". "Live and Let Live" has become a hard pill to swallow. **There is a tremendous amount of suffering out there over this issue.** Lives and families are being destroyed. While there is no doubt that some people are suffering with gender dysphoria, society's newfound response comes at a dangerous price to both the individual and society.

Commenter: Thomas Jones

8/2/19 1:40 pm

OPPOSE Government Tyranny!

Commenter: L. Hackman

8/2/19 1:40 pm

Equal access to therapy

I see restricting conversion therapy as unethical and biased; especially when the benefits of counseling from a scientific, biological, and spiritual foundation has been proven to be helpful to many individuals who are seeking clarity. Making legal decisions based on the political agenda of a particular group that negates the freedom of choice for those who do want to maintain their sexual identity based on their biology is far from upholding "the rights of the individual." Please uphold the right of counselors to do the job they have been trained to do with respect and compassion, and empower families to determine the best path to seek wholeness as individuals.

Commenter: Jason Mauney

8/2/19 1:45 pm

Preserve the rights of minors to choose counselors that work for them

I believe minors should have the right to whatever type of counseling they wish to receive. If it happens to be biologically-affirming counseling, so be it.

The government should not punish counselors trying to do their duty, and the government should not get in the way of folks wanting to get help.

Commenter: Susan Dillard

8/2/19 1:47 pm

Anyone should be able to go to counseling or therapy for anything they need it for.

Commenter: Robert McRae

8/2/19 1:49 pm

Let counselors do their jobs.

Counselors should be free to do their jobs without being bullied by such proposed regulations. It is unconscionable that a person seeking help with an unwanted sexual attraction would be prevented by law from receiving such help. That would be an example of political correctness at its worst.

Commenter: M. Rosser, Taxpayer

8/2/19 1:55 pm

NO! Choice for Children!

This draconian action will take away the rights of those seeking therapy for unwanted same sex attraction. The state in ensuring the right of life, liberty and the pursuit of happiness would trample upon youth and adults who voluntarily request this treatment. It is not within the governments scope to decide what type of therapy is available to those seeking such therapy. This is an attack on the First Amendment to the Constitution.

Commenter: Ronnie

8/2/19 1:56 pm

Conversion therapy

Please do not deny counseling help to parents, children and others who need and desire this therapy that works and is accepted by the majority of the public and health care professionals that deal with this issue. Please look at facts and not the trend of the day.

Commenter: Helen D

8/2/19 2:08 pm

OPPOSE Liberal Tyranny!

Any sin enslaves. Even small ones put people on the wrong path. Big ones cut God out completely leaving hearts open to anything sinful. We don't hate LGBT. We simply don't want LGBT to be a slaves to lies about themselves, nor do we want them to spread their cause especially to our children. We don't want them to stop children from getting help if they want to be what they biologically are. We don't want children to do anything permanent behind their parent's backs. We want the best for LGBT, for our families and for our country: Repentance, forgiveness, freedom, and eternal life this is what is best. We do not hate LGBT. We love them way more than LGBT think or understand.

Commenter: Phyllis Crum

8/2/19 2:09 pm

Counselors Providing Help for Unwanted Sexual Attraction

Anyone should have the freedom to choose whatever counseling support they need for unwanted sexual attraction. Parents should be able to exercise their inalienable rights to get the help they determine is needed for their child without government interference or restriction. Counselors should be able to provide a service that is needed and wanted without governmental interference or penalty. There is a demand for these services and they should not be outlawed for those giving this type of service or those requesting this service. The board is not objective enough or informed enough to make the determination that this therapy doesn't work. If they were informed they would see countless testimonials from families who were enjoying lasting results for their families. If there was not one family that did not benefit, you do not have the right to prevent anyone from providing or receiving this service. This is the United States of America!

Commenter: Akice Berman

8/2/19 2:17 pm

We need to ban "Conversion" Therapy

This is not a legitimate therapy: scientific evidence shows it is without merit and is harmful. We as treatment providers, swear to do no harm, yet this "treatment" denies the authenticity of the people it claims to "treat." "Treatment" implies a diagnosed disorder where there is no disorder.

"Conversion Therapy" is shame-based, demeaning, and insulting to the LGBTQ community, -- promoted by religious extremists, not science. It must be banned, and practitioners held accountable by their professional Boards. It is simply another abuse of power. Academic institutions that teach this must lose accreditation.

Commenter: John Kehler

8/2/19 2:17 pm

Protect Children and Parents' 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.
- 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: Alise Schram

8/2/19 2:23 pm

Counselor Privilege-Counselor Wisdom

Counselors go to school so they can help people with life choices and life stages. To arbitrarily cut off this prerogative is not the way to go. Politically motivated interference with the counselor and patient defeats the perceived need for honesty and openness needed to effect a healthy outcome. I would suggest that laws that hinder this counselor/patient relationship be scrapped.

Commenter: M Owens

8/2/19 2:39 pm

Let children be helped and let counselors help them.

Commenter: Kenneth Ervin

8/2/19 2:50 pm

Because a therapy is considered not politically correct doesn't mean it is wrong

It is improper for the state or any other government entity to with-hold counseling or therapy from children that can help them navigate through tough times that have been brought about by people who are more interested in "grooming" them for a life of sexual exploitation than for a life worth living. Please pay attention to the explanation noted below, it is well written and explains my point of view on this important subject.

In approving its recent Guidance Document, the Board shamelessly asserted that counselors who help clients overcome their unwanted sexual desires are providing a service that "does not work and can cause harm." Can you believe that? We know that the very opposite is true! Not only is change, healing, and wholeness in the area of our sexuality possible, but we've seen many inspiring success stories.

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. These Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

It is wrong headed to prohibit biologically-affirming and faith-based counseling to children and other people with concerns about their feelings. Please reconsider your proposed ban on therapy that has proven effective for many people.

Thank You

Commenter: Albert Juergens

8/2/19 2:51 pm

Counseling for minors

Counseling for minors with regard to sexual orientation works. A child of one sex who may have a temporary inclination to believe it should be a different sex should be counseled to accept reality.

Children fantasize, perhaps to believe it is a firefighter or astronaut. In today's environment, where internet games promote an alternative existence, children need to be informed of reality.

Sexual changes can be devastating in later life, and are usually non reversible. Counseling can avoid such outcomes.

Albert Juergens

Commenter: Charles Gammon

8/2/19 3:11 pm

These Kids Need Real Help - Not Enforced "Affirmation"

Many of these kids have suffered unwanted, sexual abuse as children at the hands of adult predators. They are truly suffering and require counseling and real help to keep them out of this harmful and destructive lifestyle that often leads to depression, disease and early death - even according to our own CDC.

What these children do not need is bureaucrats telling them they must accept the abuses they have suffered (and their abusers) and embrace the result - all for the sake of being politically correct.

Do you really care about children at all- or just politics? The answer seems evident.

Commenter: Lila

8/2/19 3:24 pm

Leave it alone.

Please star out of the business of regulating these counseling sessions any more than you have. It is not the business of government.

Commenter: Lisa Schumann

8/2/19 3:30 pm

Don't end conversion therapy

Commenter: DEBBIE O BAUER

8/2/19 3:45 pm

Government Should Stay Out of the Counseling Business

Legislation that threatens to punish counselors for working with children to overcome unwanted sexual orientation is absurd! If a minor wants help for unwanted sexual attraction or gender identity, then he or she should be able to get it. Research demonstrates that this type of therapy does work. Prohibiting professional counselors from giving clients the type of help people seek is an overstep of government.

Commenter: June Meek

8/2/19 3:50 pm

Leave the Kids alone

The State, and no group of people have the right to take away the rights of parents over their kids. The LGBTQ people only make up 3% of the worlds population. They are trying to twist the minds of young kids. There is no such thing as gender fluidity. There is only two sexes/genders that exist, male and female. No one has the right to force any child to go through a sex change operation, or to give them pills to block their bodies hormones. This is a Satanic Agenda to turn everything that is normal into what is abnormal. Those who keep trying to ram this agenda down our throats needs to be stopped, once and for all. We know these people, the LGBTQ exist. To each their own. But they do not have the right to force what they want onto everyone else, especially kids. Kids have rights. So do their parents. The State and the LGBTQ needs to get out of others lives. Everyone who is not LGBTQ have rights, and it is obvious that the LBGTQ wants to violate everyone elses rights to screw up as many people as they can. Misery enjoys company and it seems that too many politicians are in on this. It is time for the politicians to protect EVERYONES lives, not just a small minority who have a sinister agenda.

Commenter: Mary Kay Stine

8/2/19 4:10 pm

professional judgment of counselors

Counselors should never be shackled in helping their clients freely achieve their goals for their lives. Groupthink has no place in Virginia.

Commenter: Robert Cooper

8/2/19 4:33 pm

Family not Government Should Decide in the Best Interest of Children

State Board of Counseling,

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. These Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

Sincerely,

Robert Cooper

Commenter: June Meek

8/2/19 4:40 pm

Words from a Psychiatrist

In 2017, I spoke with a man who has been a psychiatrist for a few decades. He brought up the topic of transgenderism. He told me that if he, or any other psychiatrist tried to counsel a patient who felt like they were born into the wrong body/sex, they would be fired and lose their medical license to practice. This came straight from the AMA. The psychiatrists in Ohio are forced to push these gender confused people into transgenering. He also told me that 80% of those who transgender end up committing suicide. A high price to pay for anyone. No psychiatrist or counselor should be forcefully stopped, by a law, in helping those who are confused about their sex, especially children. Our brains do not fully form until we are 21. I, myself, never thought that I was not a girl when I was a child. Neither did any other kids that I knew. But we were born in an entirely different world where this nonsense wasn't being rammed down our throats. The kids of today have had this gender fluidity agenda rammed down their throats. And it is confusing them. This seems to be the objective of the LGBTQ group advocates, who have been infiltrating wherever they can to force their agenda onto everyone else. And this needs to end, now. All of us have the right to choose, which includes counseling. No one has the right to take that away from anyone, including the AMA. In ending, the LGBTQ only make up 3% of the worlds population. Seems that their agenda is to confuse and force others to be like them, so that one day, they will be the majority. But that will never happen. Cannot force heterosexuals to become what they are not. If they try, they will experience a major push back which has already began.

Commenter: Brenda Kline

8/2/19 4:40 pm

Counseling Regulations

People are born a particular sex for a reason. People's lives have a purpose and a destiny. Clients of counselors should be encouraged to be healthy and should also be encouraged to view their sex as good and not be forced to stay on an unhealthy path if they are coming to counselors for help. Since when have we began to punish counselors???

Commenter: amy witcover-sandford

8/2/19 4:42 pm

Conversion Therapy

I am writing to you today to ask that you support a ban on conversion therapy, a practice that has been discredited and has no scientific basis. This "therapy" is known to be extremely dangerous and can lead to depression, substance abuse and even suicide attempts. Mental Health Professionals should not be allowed to push non-scientific practices on their young clients especially when they are known to be harmful.

Thank you fro your time. Please do not allow another young person to be harmed by these dangerous and discredited practices.

Commenter: Jim - Father of 9

8/2/19 4:44 pm

Government must stay out of Parenting!

Leave the kids alone! Those who suffer from this sexual confusion or gender dysphoria should be getting the appropriate counseling. Not allowing them to gain appropriate counseling is child abuse!

Commenter: Doris J Acker

8/2/19 4:58 pm

Freedom of Speech and Religion being removed here.

I am writing to implore this Board to not bar legally licensed psychologists and counselors from giving help to those who are confused or questioning their sexual orientation or identity. If someone needs and wants this counseling they should be able to receive it. To me, you are messing with the right of freedom of speech and of religion because you know faith based counseling might free them from the mental confusion they are suffering. Why would you want to keep people from receiving mental health help?

I have read that 98% of boys who are gender confused and 88% of girls eventually accept their chromosomal sex by adolescence or adulthood if allowed to do so. The counseling you are trying to outlaw helps people, there are many success stories out there.

The Virginia State legislature stopped something like this earlier and now it seems to me that this board is trying to get around that and force people who want the counseling (no one forces this, people seek it) to stay in their suffering. The mental health concerns of our citizens should have help available for their all their needs. Confusion over what sex someone is, is definitely a need. Again, this would also limit the basic rights we are guaranteed in the Constitution of the United States in the areas if speech and religion.

Commenter: Elizabeth Morgan Patterson

8/2/19 5:00 pm

Support to Ban Conversion Therapy

My name is Elizabeth Morgan Patterson, and I am currently getting my masters in counselor's education at Virginia Tech. I am writing today in support of this bill. At its very core, the idea of Conversion therapy is unethical. I am totally shocked and embarrassed as both a future counselor as well as a residence of Virginia that the law (on conversion therapy) is so far behind the science. Homosexuality was removed

from the DSM in 1973. It has been 46 years that this ridiculous law has remained in existence despite the fact that homosexuality is not recognized by the American Psychiatric Association as a mental illness. In addition to this fact, in 2007 the APA overtook research on the efficacy of conversion therapy and found that "it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE (sexual orientation change efforts). In accordance with this information, through their research, the APA also found that it was impossible to make a definitive statement about the safety of this "therapy" for its clients.

In addition to its clear lack of scientific support, several influential organizations have spoken out, themselves, about conversion therapy and its harmful repercussions. To name a couple, the American Academy of Child Adolescent Psychiatry was quoted saying "The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. As a result, "conversion therapies" should not be part of any behavioral health treatment of children and adolescents."

The American Psychiatric Association stated that "The potential risks of "reparative therapy" are great and include depression, anxiety, and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone "reparative therapy" relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian are not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed..."

The time for this change is overdue. I support this bill to ban conversion therapy because I believe it is our job, as human beings, to be advocates for one another and speak out when something is wrong. We have grown and learned over the last several decades, the science has supported us- now it is time that our laws did too.

The resources/quotes I have used for my argument can be found at the following web addresses:
https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx

<https://www.psychiatry.org>

Commenter: RODNEY

8/2/19 5:06 pm

Conversion Therapy CAN work for someone who wants to work on it.

There are numerous examples where the conversion therapy **has** worked.

Inclinations are there for all of us but behavior is a matter of choice. All of us have been angry enough at someone else to harm them back for the what they did, but we can choose not to take our own revenge. When I see the deserts in the bakery display case in the grocery store, I will want to try them, even though, as a diabetic, I know they are not good for me. An alcoholic or drug addict can learn control their wants. All of these examples are cases where a person can decide he or she wants to not give in to desires. Would you deny them their freedom of choice?

Commenter: Alice Holland

8/2/19 5:09 pm

Ban conversion therapy

Commenter: Dena M Nelson

8/2/19 5:14 pm

American citizens have a right to counseling, no matter what kind, if they desire it!

Not only are freedom of choice rights being VIOLATED for those desiring counseling for unwanted same sex attraction, but the consequences of sex change therapies, already studied and conclusive, have been shown to cause extremely serious medical problems, particularly in the young. This constant, radical, destructive push, for years, from a small minority, many of whom do not even live in our Commonwealth (I attended a meeting in Henrico County, spoke for two minutes, and heard the other presenters), is trying to force a harmful, anti-freedom agenda on the citizens of Virginia. Thank you for considering this important point of view, which represents many of my fellow citizens.

Commenter: Julie Klose

8/2/19 5:34 pm

Do not ban conversion therapy. Allow counselors the freedom to do what is right for the individual.

Commenter: Raymond Bond

8/2/19 5:38 pm

Ban Conversion Therapy

The word of God will forever remain. We as a people have an obligation to stand for truth!

Commenter: Matt Oberlin

8/2/19 6:13 pm

Do not ban conversion-based counseling

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. Do not ban it.

Commenter: Sandra Polaski

8/2/19 6:16 pm

Conversion Therapy Has No Place in Professional Counseling

Conversion therapy (I feel like "therapy" belongs in scare quotes here) has no place in professional counseling of any type. It is a practice that has been proven to increase rather than decrease the suffering of people who are forced to undergo it. I acknowledge that parents have a right to teach their children according to their own beliefs, and many people base their rejection of LGBTQ people on their faith traditions. None of this, though, is justification for professional counselors to participate in a discredited and dangerous practice. If individuals find their faith and their gender identity to be in conflict, and for the sake of their faith choose to live as hetero, they are certainly free to do so. Trying to frighten or force them into such a decision, however, is simply a form of abuse, to which no professional in the counseling profession should ever be a party.

Commenter: Sonya, In His Image

8/2/19 6:30 pm

Were all Gods Children first, were all sinners but our service on earth is to help one another in I

Commenter: Darlene B Jackson

8/2/19 6:54 pm

Faith has a place in identity resolution

Most Americans identify as being part of a major faith group (e.g. Christian, Muslim, Jewish), and the traditional views of these groups involve moral guidelines and truth claims about the nature of male and female and human sexual behaviors. This "law" runs roughshod over the long and deeply held views and makes no exemptions for those who hold them. Both those who counsel and those who seek counsel would now be prohibited by law from incorporating their faith when seeking resolution to a crisis of identity.

This is wrong on many levels. I oppose this legislation vehemently.

Commenter: Wade Salverson

8/2/19 7:51 pm

Where is the evidence

My first comment is, what business does the government have in interfering with a voluntary transaction between free individuals under no compulsion? This is an infringement on personal freedom and liberty and anti-American.

I believe this regulation is designed to advance an agenda to promote gender dysphoria and feelings of same sex attraction.

Where is the science to support this regulation? Not the few studies that have faulty methodology and were designed with a predetermined outcome in mind. That is not science. Where is the objective science that suggests that counseling for gender dysphoria or same sex attraction is harmful? Did you consider the evidence of people that have had this therapy and went on to thrive?

As for the term conversion therapy, it's a misnomer. There is no credible scientific study that people are born homosexual. Counseling does not convert. However it can help people cope with and overcome unwanted feelings.

In the end, every person deserves respect and has value. I want no harm to come on anyone. Having studied this issue the evidence suggests that preventing counseling for gender dysphoria and unwanted same sex attraction is harmful to those seeking that help. Those are the facts whether you like them or not.

Commenter: Thu-Minh Huynh

8/2/19 8:25 pm

Freedom to be set free from any illness

Regulations do not based on what's popular at the time. Just as removing the right to life from unborn babies, removing the right to seek proper treatments for mental and physical sicknesses is against the natural human rights that belong to all, from the youngest to the oldest. To silent the majority of the people by forcefully put into law influenced by less than one percent of the minority is not equal right, it is one of the gravest abuses of all human rights. Licensed counselors should be able to provide conversion therapy, a professional practice, to support anyone who needs it.

Commenter: Robin Allman

8/2/19 8:30 pm

Ban Conversion Therapy

Conversion therapy has been disproven to be helpful, and shown to create psychic distress to those children who have been subjected to it. It increases the rate of suicide in a group that is already at high risk for suicide. Keep all of Virginia's children safe from intentional harm. Please do what is right and ban conversion therapy.

Commenter: Stephen S. Renalds

8/2/19 8:58 pm

Ban Conversion Therapy??

Ban conversion therapy??? Why? What's wrong with people exercising their RIGHT to to seek therapy - for anything? at any age?

It is the RIGHT of parents to seek whatever help their child needs. No one should tell them otherwise, no matter what others think about conversion therapy.

It is the RIGHT of counselors, pastors, Christian teachers and friends to offer Christian guidance to anyone seeking it - of any age.

Even if only a few people seek, and are helped by conversion therapy, it is worth it to them. But, there are many already seeking it and receiving wonderful help and guidance. To say that such therapy is dangerous is ridiculous.

Suppose we were to adopt a policy that no one could serve in a governmental agency, such as yours, simply because they believe that homosexuality is good, or that transvestites are wonderful. No. This would be unfair.

Likewise, to say that someone seeking counseling, as they have for centuries - worldwide - can't have it, simply because of their beliefs, is tremendously unfair.

Forget this "ban" stuff, and let people live by their own beliefs and seek their own solutions for life's problems!

Commenter: Meg Gruber

8/2/19 9:47 pm

No to 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: David Pegram

8/2/19 10:38 pm

Conversion Therapy sets people free from perversion and depression!

You are wrong to pre-conclude that conversion therapy does not work. I have a friend who was delivered from sin and misery of an abusive homosexual lifestyle by a counselor and our Lord Jesus. Please accord professionals with whom you disagree the same respect and deference that you allow liberal progressives. Thanks

Commenter: James L Erb

8/2/19 10:42 pm

Withholding truth from children who need it is disgustingly hateful.

It is hard for me to think of a more disgusting thing to do to a person, especially young children who are seeking answers, to withhold information and treatment and even providing false information which will ruin their lives. Then the person who is trying to correct this injustice is punished for his efforts!! I can't understand how people can be so calloused and hateful!! This is just plain AWFUL!!

Commenter: Keith Gostel, RN, LCSW

8/2/19 11:07 pm

Do not allow conversion therapy!

As a child therapist who has seen first hand the trauma imposed on persons when told that they are defective and need to change. While it has not been conclusively shown to be genetic, it is clear that gender identity is largely formed in utero. The usual event in child suicides surrounds a fear of or realizing one is LGBT and the rejection that brings. Conversion therapy at its core says one's gender is a choice that can be changed. No heterosexual person would think that they could be talked into being homosexual. Please ban conversion therapy from Virginia! Other posts seem to come from a religious or political perspective. Please keep decisions about regulated medical and therapeutic practice in the realm of science.

Commenter: Cynthia Phillips

8/2/19 11:09 pm

Please retain counseling choices for vulnerable youth

There are so many inspiring stories of people whose lives have been transformed through biologically affirming conversion-based counseling. Freedom to receive counseling for vulnerable youth who are often confused and exploring their identity is essential. To ban any type of counseling would deny individual freedoms. Conversion-based counseling is certainly appropriate and necessary for the person who is seeking to change. It does not and should not include condemnation in order to have a positive outcome. Pursuing change through counseling can lead to self awareness, self acceptance, and a way to look at past experiences in a healthy and healing manner. Please do not ban this highly effective and needed counseling.

Commenter: Kate Hall

8/2/19 11:41 pm

Please ban conversion therapy

Please ban conversion therapy-it has the opposite impact desired, and can cause extreme anxiety and suicidal tendencies.

Commenter: Cathy Tankersley

8/3/19 12:38 am

Counselor's Rights to Help Clients

Do not ban counselors rights to help their clients who want help in dealing with their same sex attractions. Many people have been helped by such counseling. Banning counselors is tantamount to trampling on the first amendment free speech rights of the client to ask for help and the counselor to give the help.

Commenter: Ann Doss

8/3/19 6:14 am

Conversion therapy

To suggest that biologically-affirming counseling does not work is an insult to the countless people whose lives have been transformed through conversation-based counseling that helps a person address the underlying issues. The Changed movement - a growing group of overcomers who used to identify as LGBTQ - provides conclusive proof of the transformative power of faith-and-science-based counseling that is helping so many people walk away from feelings and identifications from which they seek to be free. These Board members' personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it. So let me get this straight: At the same time the new Left insists that adolescents as young as five years old be unconditionally supported in "changing" their birth gender and in "exploring" the outer reaches of their sexual curiosities (I think child abuse) they are actively demanding that those same kids be legally barred from receiving professional counseling to overcome *certain* sexual thoughts and feelings they may develop along the way, even when those feelings are *unwanted* or *unhealthy*?

Do not support this harmful legislation.

Commenter: Carolyn Lawson

8/3/19 7:21 am

Ban Conversion "Therapy"

Conversion "therapy" is really the abusive practice of causing unnecessary suffering and pain to LGBTQ+ individuals. LGBTQ+ people do not need to be "cured" via bogus methods. This concept goes against the code of Ethics professional counselors must follow.

Ban Conversion Therapy in Virginia

Commenter: Amy Cannon

8/3/19 8:00 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. 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. No young person should ever be shamed by a mental health professional into thinking that who they are is wrong.

8/3/19 8:20 am

Commenter: Sara Miller

"No" to Regulation Regarding Sexual Orientation and/or Gender

This regulation directly infringes on the counselor, the child and their family's freedom of choice to pursue the counseling that best fits their needs. This policy shamelessly declares, in essence: 'No, you can't change – not even if you want to. What you *feel* is the essence of *who you are*. Accept it, embrace it, and don't let anyone help you see a better way for your life – especially those people who may actually know what they're talking about. And by the way, not only are you incapable of – and now prohibited from – changing, but there's not a thing wrong with you. You're perfect just the way you are. And since perfect people don't need fixing, any effort to help you do so is futile and actually harmful to you.' This policy is not in the best interest of the child and their family. Government should not force a "one size fits all" regulation/answer for counseling children in sexual and/or gender orientation. That is harmful and defies logic.

Commenter: Sarah Lam

8/3/19 8:35 am

keep freedom to help people change

Personal ideological biases against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it.

Change, healing, and wholeness in the area of sexuality is possible, and I personally have seen it happen concerning one person. There are many others I have heard of, who have changed.

Neither the Board of Counseling, nor any other governing power, should have the right to tell any person that they are not allowed to change, or that no one is allowed to help a person change who wants to.

If a person who had a compulsion to steal went to a licensed counselor to help them be free of this condition, would you punish a counselor for helping someone overcome it? Would you punish the person for wanting to change? That person does not want to be "helped to accept their condition" - they want to change. Picking out any condition that someone wants to change and saying that a counselor is not allowed to help is totally hypocritical and unfair to the person seeking help.

Counseling does work, without causing harm, and sets people free from unwanted sexual desires.

Commenter: Ruth

8/3/19 8:44 am

Do Not Ban Conversion Therapy!!

The State Board of Counselor's members' **personal ideological biases** against biologically-affirming and faith-based counseling should not be a valid basis for denying it to patients who are seeking it, or for punishing licensed counselors who are called to compassionately help them find it. You are trampling on our freedoms of choice from those you are to be serving.

Even the APA admits that there is no "valid causal evidence" that SOCE is harmful.

The APA acknowledges that licensed mental health providers (LMHP) should "respect a person's (client's) right to self-determination," allow the client to choose her or his own goals, and "be sensitive to the client's . . . religion." However, therapy bans directly violate this core ethical principle of client self-determination.

The APA has acknowledged that concerns about potential coercion could be mitigated by implementing a system of “developmentally appropriate informed consent to treatment.”

Opposition to SOCE is based in part on the belief that people are born gay, probably as a result of a “gay gene” or some other biological factor present at birth. However, the APA admits that “there is no consensus among scientists” about what causes homosexuality, and that nurture may play a role: What causes a person to have a particular sexual orientation? There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation. “Sexual Orientation & Homosexuality,” American Psychological Association, May 18, 2018,

Commenter: Brenda Melvin

8/3/19 8:56 am

It is a person's right to have whatever therapy they desire. You step taking away a r

Commenter: Brenda Melvin

8/3/19 9:04 am

Stay out

Government has no right to mandate what therapy a patient can receive. It is a personal choice. Stay out of our personal life

Commenter: Mary and Roger Ritter

8/3/19 9:07 am

Protect Parents' Rights to make decisions about their own children's care, upbringing and education

Commenter: Dmitriy

8/3/19 9:31 am

Stop promoting sex conversions for minors

Commenter: Maria Keffler

8/3/19 9:45 am

Stop Promoting Transgender Ideology

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

Commenter: Maria Keffler

8/3/19 9:50 am

Stop Promoting Transgender Ideology

Controlling what counselors are allowed to say in therapy sessions is not a ban on conversion therapy (which term I'd like to hear you define) but is an unmasked ban on free thought, free speech, and evidence-based counseling. Gender-affirmation therapy is neither the best nor the only treatment for individuals with gender dysphoria, and certainly not for pre-pubescent children. Even the World Professional Association for Transgender Health admits that 80-95% of children with gender dysphoria will align with their birth sex if allowed to pass through puberty naturally-- no social or medical transition, but only "watchful waiting" and "compassionate care" as described by Dr. Ken Zucker, a gender counselor with more than three decades of experience.

Say NO to this ban.

Commenter: Judy Hall

8/3/19 10:06 am

Children belong to parents, not government. You are promoting transgenderism to CHILDREN! STOP!

Commenter: Laura S

8/3/19 10:20 am

Protect conversion therapy

To not allow counselors to engage in the free market of ideas is absurd. Restricting belief systems to only support one outcome is both oppressive and a violation of the first amendment. If your "ideas" not facts, are correct ideas, then surely they should stand up to any opposing views and triumph over them. However this is not the case, the LGBTQ movement does not like criticism or opposing views because opposing views provide solid ground to build a valid argument. If a child experiences feelings they do not want, then why is it bad to support that child to overcome an unwanted occurrence. Do counselors not help children through unwanted problems of self confidence? Unwanted relationship problems? Unwanted violence at home? This is not denying any viewpoint, but rather saying "let's help people who are struggling with something unwanted." Isn't that your job as a counselor anyway? To punish a counselor who doesn't agree with your views is a violation of your position as a regulatory board

Commenter: Doreen Denny

8/3/19 11:39 am

Stop government intrusion in professional counseling and parental rights

This scientifically and medically-unsubstantiated regulation that assumes harm in counseling against UNWANTED attractions and gender dysphoria is one more example of government gag rules overruling professional medical judgment and research and the legitimate pluralism that has been upheld in the courts. It is vastly overreaching and unwarranted. Parental rights are being threatened and overruled by overzealous, ideologically-driven policies like this regulation. Virginia must stand against such imposition that also DOES HARM to children who are seeking to wrestle through identity issues. Biologically-affirming practices remain legitimate and necessary options. Your abject prejudice against documented research that refutes the basis for your argument and ties the hands, mouths, and professional credentials of counselors to a one-sided view is exactly what dictatorships in other countries impose on citizens and professionals. America is NOT supposed to be that kind of country. STOP.

8/3/19 12:10 pm

Commenter: Catherine Patterson

Counseling should be a personal decision between parent and child not the government.

Commenter: Teresa Bowser

8/3/19 12:36 pm

NOIRA

Please stop putting politics over people's lives. If you allow this regulation anyone who WANTS to be the sex they are born into will not be able to get the help they need in this state. You are also banning free speech.

Commenter: Marilyn

8/3/19 2:12 pm

NOIRA

Counselors should be able to counsel according to their training & their conscience. Freedom of speech includes this. If one comes to them for counsel, the gov. should not tell the counselor what they can or cannot say.

Commenter: Melissa Gestel

8/3/19 2:35 pm

Conversion Therapy Does Significant Harm

Conversion "therapy" is a blatant violation of the bioethical maxim *primum non nocere* ("first, do no harm"). Therapists and counselors are often called upon to apply reason analogous to the Hippocratic Oath in their practice, and scientific schemata involve: 1) self-reflection/suspension of implicit biases while examining existing empirical, peer-reviewed research for causative (v. correlative) statistical significance, then 2) establishing a professional opinion and courses of action guided by those study findings, standards of professional ethics, regulatory requirements, and statutory law. In this instance, we must demand that the VA Board of Counseling hold counselors and therapists to an objective regulatory standard which protects the health of their charges and adheres to scientific research findings: that conversion "therapy" does significant harm by subjecting its sufferers to unfounded condemnations meant to undermine esteem, impede self-realization, and incite self-harm. *Who* are the individuals advocating for such misapprehension and mistreatment of LGBTQIA+-identifying people by the counselors and therapists they have entrusted with their care? *What* is the goal of such LGBTQIA+ stigma? There is absolutely *no* credible research - experimental, observational, or otherwise - to support the insidious belief among endorsers of gendered oppression that an LGBTQIA+ "lifestyle" falls outside the realm of social "normality," nor that such personal identities hinder self-actualization. One might wonder if conversion cruelty proponents commenting on this forum who base their bigoted pluralistic ignorance on religious and political bias lack the necessary self-awareness to question or condemn many of the vile cruelties that blighted historic psychological diagnosis and medical treatment, such as forced assimilation, sterilization, or lobotomy. Pragmatically, omissions in regulatory language make room for ambiguity, misinterpretation, and misapplication. Eliminate ambiguity from regulatory language, ally with protective justice, and support 18 VAC 115-20, -30, -50, and -60.

Commenter: Deborah DeLois

8/3/19 4:40 pm

Keep Parental Rights and a Person's Right to Choose Therapy

In no way should a person be forced to undergo any type of therapy that they do not or did not choose. I agree that this is harmful and dangerous. However, if a person wants to choose conversion therapy, why should they not have this choice? If a person was forced to undergo conversion therapy, then of course it was harmful for them and most likely dangerous. Why not study this further? There are those who have benefited. Have you interviewed them?

A law to ban conversion therapy sounds political and draconian. Also, studies have shown that our brains do not fully mature until the age of 25 years. Thus, parents should have the right to make decisions for their young children. A child who is three, five, or ten years of age, should not be allowed to decide his/her sexual orientation. This should be left to their parents; not in a harsh manner, but thoughtfully. This also sounds like a way to make an end-around those who have more conservative and moderate views. This would not be a decent law, therefore, I oppose any such law. Thank you.

Commenter: Marianne Coates

8/3/19 4:48 pm

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

This vague amendment intrudes into the heart of Family responsibility, trust and love. It seeks to restrict constitutional freedoms. It spurns experienced and knowledgeable counselors and healthcare providers. Do Not approve this amendment.

Specifically:

- Parents are closest to their children's challenges; they are in the best position to make healthcare decisions involving the wellbeing of those 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 over attractions they have and wish to change or moderate. Others may simply desire guidance from a counselor to live a chaste life. In either instance, parents must exercise the best options to make informed decisions for their children and families.
- 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: Frederick Michael Decker

8/3/19 6:06 pm

Government should stay out of the Counselling business!

Dear fellow citizen: I am a long time resident of the Dominion of Virginia, which has just celebrated over 400 years of self government. It is also the home to Patrick Henry, whose words "Give me liberty or give me death" have been immortalized! I oppose any government statute which would limit the decisions that a parent has to make for their minor children, or that a citizen has to make

for themselves. The measure being proposed would take away choices for therapy concerning how parent would want their children counselled or over which a citizen would choose for themselves. Gender dysphoria is a real condition which can be treated successfully, most children with this condition grow out of it up to 90%! Those left untreated who want treatment are at a high risk for suicide, 40 times higher than peers who are not so afflicted. Those untreated that go on to sex change therapy, still have a condition which is not treated and are still at the same risk for suicide. would we deny treatment for any other illness that ends so tragically? Please do not ban or limit the freedom of Doctors who could help to those who have a serious condition! Thank-you.

Commenter: Rose Davis

8/3/19 6:34 pm

Stop promoting sex conversion for minors.

Stop promoting sex conversion for minors and allow them to have the counseling that they seek.

Commenter: Mary

8/3/19 8:13 pm

Infringement of counselor religious freedom

By passing this regulation you will make it illegal for a counselor or a student to exercise their religious freedom. If someone asks for help they should be able to receive it, and a counselor should be able to help them without fear of prosecution.

Commenter: Joanna Melton

8/3/19 8:14 pm

Respect Parental Rights

Please do NOT ban children and their families from seeking professional help through counselors and therapists. This ban would deny parental rights to seek guidance for their children with help resisting same-sex attractions and gender dysphoria. This ban would also put the counselors and therapists at risk of losing their licenses or jobs to assist families and children who want to resist same-sex attraction or gender dysphoria.

Commenter: Leslie Belvin

8/3/19 9:22 pm

Respect Parental Rights!!

Respect Parental Rights!!

I oppose the proposed regulations that would prohibit faith-based counselors from advising parents and their children for the following reasons:

1. 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 thwarted from the process of helping children work through these sensitive and deeply personal issues.

2. This proposal would infringe on the fundamental right of parents to care for their children based on their religious beliefs. The proposed ban would deny families the freedom to seek counseling

aligned with their faith.

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

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

5. The rights of parents to make decisions on behalf of their children must never be sabotaged by a Planned Parenthood agenda or by radical transgender politics.

6. Most Americans identify as being a part of a major faith group (2019 Pew Research Center)

The traditional religious views of at least the top three religions (Christian, Jewish, Muslim) involve moral guidelines and truth claims about the nature of male and female and human sexual behaviors. This proposal is detrimental and contrary to these long and deeply held views and makes no exemptions for those who hold them. Both those who counsel and those who seek counsel would be prohibited by the regulations from incorporating their faith when seeking resolution to a crisis of identity.

7. These proposed regulations harm children in these situations and prevent them from getting the help they need in their time of conflict. We owe it to our children to do everything in our power to ensure these policies' are defeated in every place they may be found. are limited to approximately 3000 words.

Commenter: Mary Kidwell

8/3/19 10:53 pm

Freedom to choose therapy of choice

I am appalled that the state of Virginia is so committed to the ideology of transgenderism and homosexuality that it would seek to limit therapy options to those seeking an outcome that doesn't align with the ideology of those currently in charge of our state government. Our government should be protecting the rights of its citizens but these regulations restrict them. The long term effects of medically attempting to transition someone to the opposite gender from which their DNA has proscribed are yet to be known. And to attempt to thwart parents trying to help their child accept and embrace the gender determined by their DNA is unconscionable. Likewise to forbid a counselor from helping a young person who desires to overcome unwanted sexual attraction is not the place of the state. It crosses the line into state intrusion in matters of faith and values that each citizen has the right to choose for themselves.

These oppressive regulations must not be passed.

Commenter: Philip

8/4/19 9:18 am

Your contemplated action is Unconstitutional

This action proposed VIOLATES our Original Constitution. This organization is part of a government composed of corporations which eliminated our original constitution. Search for "is Act of 1871 unconstitutional". Then read article on "Two Constitutions ...". We are no longer a Constitutional Republic and have had all our rights removed fraudulently.

8/4/19 9:57 am

Commenter: NANCY MORIN

BAN CONVERSION THERAPY IN VA NOW!

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.

Commenter: Clark Coleman

8/4/19 10:24 am

Therapy is important for child sexual abuse victims

Numerous studies have shown that child victims of same-sex abuse are significantly more likely to identify as homosexual in their teen and adult years. For example, victims of clerical sex abuse scandals of recent decades have been surveyed and these results indicate a large increase in homosexual identification as adults among these victims.

The conventional wisdom in our society is that sexual identity is ingrained by the time of birth and that therapy cannot change this identification. However, if that were always the case, then child sexual abuse victims would be no more likely to identify as homosexual in adulthood than any other group of adults.

Given the obvious likelihood that these victims did NOT have a homosexual inclination from birth, it would be tragic to prevent them from seeking therapy to reverse an inclination that was forced upon them by an abuser. It would also be unjust to punish a counselor who tries to help them overcome this effect of their abuse.

Kowtowing to a false dogma at the expense of those who need therapy would be unconscionable. Making such therapy a violation of the standards of professional conduct for counselors should be opposed strongly.

Commenter: Lana Parsons

8/4/19 11:08 am

Ban Conversion Therapy in Virginia

No one should be subjected to the discredited and psychologically abusive practices known as conversion "therapy." Mental health services should be ethical and evidence-based practices. Conversion "therapy" is known to be extremely harmful, and no one should be subjected to it or misled to believe that it can actually help them, when we know it can't.

Commenter: Beth Bunts

8/4/19 11:32 am

BAN CONVERSION "THERAPY" NOW!

Parents cannot change who their child is, regardless of what type of "therapy" the child is subjected to. Conversion "Therapy" is an attempt at brainwashing. It may temporarily mold a young mind into a warped sense of who they are in order for that child to gain approval and conditional love of the "therapists", family, religious people surrounding them, but we all know that brainwashing does NOT work in the long term. BAN CONVERSION THERAPY to save lives. One cannot convince another to be anything other than who they are! Could you be converted into something that you're not? No? Me neither! It we could convert people to be something else,

someone would have done it long ago and we'd all be the same. No two people are the same nor should anyone try to convert anyone!

Commenter: D. Jarvis

8/4/19 11:48 am

Proposed ban violates freedom of choice

The proposed ban is a serious violation of self-determination. Minors deserve to have choices available to them, even unpopular ones. 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: Annie Hamel

8/4/19 1:02 pm

Conversion therapy is NOT a parental right!

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 1:37 pm

Ban Conversion Therapy

With 30 years experience as a mental health professional, conversion therapy is not only ineffective, it causes long term pain and anguish.

Commenter: K. Conklin

8/4/19 2:03 pm

Ban conversion therapy

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

Commenter: Everett Hines

8/4/19 2:13 pm

Don't restrict one person's right to do something just because another person doesn't want to do it.

So called "Conversion Therapy" should never be forced on a person. But neither should any other type of therapy or counseling be forced on a person. It is up to the individual person what they would like to do, and if the individual WANTS to go through conversion therapy then they should have every right to do that. Don't take away one person's right to do something just because another person doesn't want to do it. Only an individual can know what types of therapy they need. The government should not try to make decisions about our private lives based on what they think is right.

Commenter: Rob

8/4/19 2:26 pm

Counseling

It's a no brainer, it is protected by the constitution. They can twist it or call it whatever they want. If you counsel anyone to be comfortable in their skin, that feel that way, you should be able to counsel those who don't feel comfortable with the way they feel in their skin.

Commenter: Doug Harshbarger

8/4/19 2:44 pm

Let Counselors Help People Who Ask For It

It seems odd that the government is supposed to help protect children (and others) but refuse to allow counselors to help someone who is asking for help. If the same sex attraction or gender dysphoria is "unwanted," why should the government not allow someone an opportunity get help to overcome these feelings??? Are you so blinded that you can't see the stupidity of your policies???

Commenter: Daniel J Ayre

8/4/19 4:04 pm

Not your job to prevent individuals from getting desired help

I find it frankly outrageous that the Board deems it appropriate to regulate against the ability of private individuals to obtain therapeutic help from willing and qualified providers in order to overcome unwanted desires and behaviors. Contrary to your findings, such therapy exists, is effective, and is transformational. This is not just an assertion - it is proven by the many people who have experienced it. The Board's planned regulations are an insult to these citizens, and to all who would access such services. The Guidance Document as currently planned is clearly driven by a blind ideological objective unfettered by concerns for truth or the welfare of Virginia citizens. I strongly urge you to reverse course.

Commenter: Max and Margie Lyons

8/4/19 5:28 pm

Do not muzzle counselors

Do not muzzle counselors. They should be able to assist someone with resisting same sex attractions or needing help understanding that their biology determines whether they are male or female.

Commenter: Christopher Dangerfield

8/4/19 7:20 pm

Interference with Counselors Violates Client Privacy Rights and Everyone's First Amendment Rights

Telling a counselor how they can and cannot help their clients interferes with the clients' rights as Americans, the counselors' abilities as trained professionals to help their patients, and all of our First Amendment rights as Americans to practice religion as we see fit. If the patients or their parents do not want to have a counselor with this mindset to help them, they are free to choose whomever they wish. But, the government should not have the ability to put their "hands" into these situations and tell someone what they can or cannot say or believe. That is only forcing

someone to believe how they wish them to believe, think, speak, and act. This type of bullying is prevented by the First Amendment.

Commenter: Loren Wilee

8/4/19 8:32 pm

The proposed regulations of the Board of Counseling are anti-science, anti-God.

So the Board of Counseling is basically threatening licensed counselors that to keep their licenses they must deny that God's creation of males and females is based on biological and natural law. To keep their licenses counselors must suppress their belief in God and their knowledge of biological science. These proposed regulations ignore freedom of religion and freedom of speech and should be dismissed permanently.

Commenter: chuck Boyer

8/4/19 10:03 pm

Conversion Therapy controversy!!

Children who have issues with their assigned gender identity and want to understand who they really are as a biological male or female have every right to have professional counseling to do so. Their parents or guardians must be part of the consent and have a supportive role in the process. Otherwise, prohibiting counselors from assisting kids who want this change is most certainly wrong and not freedom of choice.

Commenter: Carol Nylander

8/5/19 1:50 am

Counseling

Some people wish to receive counseling to feel comfortable with their biological gender, and if they wish to receive such counseling then it should be made available to them without penalizing anyone.

Commenter: Anonymous because of how heated this topic has become and people attacking

8/5/19 6:34 am

Please rewrite the regulation to reflect the self-determination of the client

I was taught in school that a counselor was to start where the client is, respecting the client's world view and right to make decisions about life. This is the first guidance document or regulation that throws aside the ethics of self-determination under the guise of protection in such a way that only one portion of the population is actually able to experience self-determination, while the other is trapped by laws that are politically skewed.

There is no way that the national ethics organizations and this board can say that decisions about standards of practice have been developed after looking at all of the evidence, research and testimonies on both sides of the argument related to same sex attraction. This is clearly a case of the board supporting only one side of the argument to protect one part of the population and not all of the citizens of Commonwealth of Virginia.

It is quite clear that this board did not listen and respond to all of the public comments related to the guidance document. There has been no change or alteration of the regulation to reflect the information that at least half if not more than half of the public comments made as far as those who want youth that do not share the world view that they were born gay. In the same way that people

struggling with cravings or urges come to acknowledge but not act on impulses related to addictions, youth that do not want to act on same sex attraction or desires, should be permitted to gain professional support to manage these impulses.

In some ways this would be similar to youth (under 18) choosing not to act on impulses of opposite sex attraction until they are older and more mature or married, Christian or non-Christian. This draft of the regulation prohibits any efforts to reduce sexual or romantic attractions or change behaviors toward any gender. Having self-control until one is old enough to make mature, rational decisions that can impact your entire life is important and should be encouraged. Take a look at all the negative consequences that have occurred related to sex, any form of sex by youth because of acting on impulse, rather than having discernment or discretion. There are countless cases of babies born outside of marriage, sexually transmitted diseases, broken hearts, and suicides based on the pain of perceiving rejection after having sex.

Except for one member of the Board of Counseling, the other members are implementing regulations based on their own world views, believing their views are right, totally violating the basic tenets of the ethics of self-determination. In this situation they are basing their decision on doing no harm, but be assured - this will bring harm - they will not be on the front lines dealing with the repercussions because they have never counseled someone that sincerely did not want to act on same sex attraction for whatever reason. The decision making in this situation demonstrates how limited their exposure to clients that have no religious affiliation at all but still do not want to act on unwanted sexual attraction.

During the Workgroup Meeting last fall, some members ridiculed conservative Christians as being rigid, uneducated, closed-minded and prejudice. Many board members made sarcastic, degrading, truly demeaning comments toward anyone that doesn't think like they do. I find this sad and truly hypocritical of behavioral health professionals that are trained to be mindful and respectful of their clients' world views. The national ethics boards are requiring people to do "gay sensitivity training". I believe that the national boards need to start doing sensitivity training toward people of faith, especially Christians because that is truly lacking in the way that this whole situation has been handled.

I understand the intent to protect young people that want to explore and act on same sex attraction. But please do not hurt those that do not want to act upon these desires simply because you lack sensitivity, knowledge or awareness of the many hundreds, if not thousands of people who have received counseling professionally and in their churches over the years without any signs of being traumatized or harmed by the experience at all.

I think that some of the testimonies heard at the public forums were people that interpreted shame, experienced this as a result from ministries that did not have professional training and were just trying to do the best they knew when families were coming asking for help. I hope you realize that this regulation would force people seeking help with same sex attraction to go to the churches even more where there is less training and protections.

I would like to know how current the information regarding the extremes that were mentioned related to shock therapy and aversion techniques. These interventions were more common in the 1950's. These days "shock therapy" is still being used for severe cases of depression. How do you know that major depression wasn't the intent of the professional and the person giving the testimony intentionally skewed it to support their world view?

Virginia state code and regulations permit a case by case investigation with hearings to deal with professionals accused of harm. Yet you have gone beyond what is the board's typical mode of operation to outlaw a specific form of therapy. This has never been done before. This step is not reflected in any of the previous regulations.

Has the Board really examined themselves as to their true motive in making this broad, sweeping regulation in this manner?

If you won't listen to the sector of the public that is not supporting your world view, you are setting up a situation for far more people to feel abandoned and rejected because they perceive no place

to go for help, particularly if their place of religious affiliation does not provide experienced pastoral counseling.

I ask you to reconsider your current course of action. Write a regulation that is more inclusive and concerned with all of the citizens of the Commonwealth of Virginia.

Commenter: Dennis Pratte

8/5/19 6:42 am

Comment on pending policy

I object to the proposed policy on "conversion therapy". A patient (or in the case of a minor, the parents or legal guardian) have every right to help define the goals of counseling. Furthermore any guidance placed on a counselor must be even-handed. It is not reasonable to say that someone seeking counseling on sexual orientation or identity can receive help in order to "transition from one gender to another" while denying help to someone else to identify with their biological gender and deal with unwanted feelings. I would find restrictions placed on a counselor to be especially objectionable if it prevented the expression of counseling from a biblical point of view.

Policies must be applied consistently.

I am pasting a portion of text that further articulates my objection.

"'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 other words, counselors are ALLOWED to help a minor client to explore and facilitate same-sex feelings, attractions and behaviors, or even to "change" their sex altogether, but they are strictly PROHIBITED from helping a minor client struggling with unwanted same-sex attractions from developing a natural and Biblical sexual ethic, or aiding a child dealing with gender dysphoria in learning to embrace his or her biological status as either male or female. So, children can change in one direction, but not the other.

The Board's "guidance" to counselors is clear and simple: If you hold to the natural, biological, historical and/or Biblical understanding of human sexuality, be prepared to lose your professional license

Commenter: Sara Woodington

8/5/19 9:00 am

No no no

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. Do NOT put this horrific practice of Conversion Torture into Virginia law.

Commenter: Susan Layman

8/5/19 9:12 am

No Conversion Therapy

Conversion therapy has been completely debunked by the medical community. It is a form of psychological torture that commonly leads to depression and even suicide. This is not a parental rights issue. We don't allow parents to beat their children until they need hospitalization. Why would we allow them to psychologically torture them? A better approach would be to provide more resources to parents to help them come to terms and accept their children for who they are.

Commenter: Andrew Jones, 22032

8/5/19 9:40 am

Opposition to forced 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: Dr. Harold Diggs, Citizen

8/5/19 9:49 am

Political Correctness through Regulation isn't Constitutional or Evidence Based Science

The assertion that counselors who help clients overcome their unwanted sexual desires are providing a service that "does not work and can cause harm" is not supported by any valid empirical data. To suggest that biologically affirming counseling does not work is an insult to clinicians and clients. Political correctness is NOT a valid basis for denying clients the therapeutic support they seek.

Commenter: James White

8/5/19 10:07 am

Opposed to the Ban

I am writing in opposition to the proposed regulatory ban on Counselors. A primary role of the counselor is to help the individual work through the issues they bring to the counselor. The Counselor has no right whatsoever to simply impose on the counselee an agenda that disregards the individual's wishes. In cases where the counselee is struggling with unwanted sexual attractions the Counselor must respect this and aide the counselee in working through these unwanted desires by affirming the person in regard to their God-given biological attributes. To do otherwise is an outrageous abuse of privilege by the counselor and borders on an agenda which clearly represents a gender-based manipulation; it is by no means proper counselling.

Furthermore, credentialed Counselors who properly aide such an individual should not be punished or be banned from counselling as they are actually functioning in a manner consistent with the primary purpose of a counselor; i.e. to aide the individual. It is a totalitarian mindset and completely unbecoming of our great Republic to suggest that Counselors are acting inappropriately by helping an individual work through unwanted sexual attractions by affirming the individual's God-given biology when that is precisely what the individual has asked for.

In summary, I am in opposition to this ban.

Regards,

James White

Commenter: Olivia hall

8/5/19 10:32 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 11:01 am

Conversion therapy isn't counseling, it's a manual to commit abuse and worsen addiction

As a friend of several survivors of conversion therapy, I know that this fraudulent practice:

- falsely tells patients and their families that the patient is mentally ill, and then uses shame, judgment, social isolation to treat this "illness" -- thus worsening depression, self-doubt, and addictive and suicidal tendencies
- discourages families from seeking reputable (often secular) professional therapies that are known to successfully treat depression and addiction
- 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. Families are torn apart.

Conversion therapists use lies about the origin of sexual orientation to extort money from patients for extended periods of time until the family realizes that the therapy is a hoax. Counselors should not behave unprofessionally as the conversion therapy model requires them to do, and counselors should not make money from tactics that deliberately reinforce negative self-esteem and suicide in people who are deeply hated by the churches that promote this form of "counseling."

Commenter: Colleen McCullough

8/5/19 11:16 am

Do Not Muzzle Counselors

If I AS AN ADULT go to a counselor for counseling, and I'm feeling same-sex attraction or I feel like I'm the wrong biological gender, AND I DON'T WANT TO FEEL THIS WAY, and I want help to hopefully overcome that, PLEASE DON'T DENY me the counseling I seek. I will have to go to another state!

Parents should make the decision for their minor children as to the counseling they receive. That said, what you need to outlaw is the practice of encouraging minors to choose their gender, sexual preferences, etc. Who hasn't toyed with the idea of trying same-sex, or thought about, 'Am I really a boy?' I'm sure many of us have thought about being a Lesbian or Gay Man. Thought about, maybe tried out, and eventually rejected. So please don't muzzle counselors who are trying to help us through this maze called Human Sexuality.

Commenter: J Debrot

8/5/19 11:25 am

Violation of self-determination for patient + stifles counselors' free speech

This is an outrageous violation of self-determination for the patient (or for their parents if the patient is a minor). It also stifles the counselors' right to free speech. People should be allowed to seek this type of therapy if they wish it. They are not being forced into it. Yet this measure would put government in the tyrannical position of denying them the choice. I can't imagine that this would be considered Constitutional.

Commenter: GEORGE GOUNLEY

8/5/19 11:35 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 the conflict between physical and emotional gender in favor of the physical.

It prevents the therapist from acting on an 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 professional requirement to do no harm.

Commenter: Prof. Matthew Tsakanikas

8/5/19 11:46 am

elitists need to respect parents

Parents love their children more than idealogues trying to control children who don't belong to them. Idealogues don't belong teaching parents about how to raise their children which is actually an unwanted form of counseling! If the child is a minor, then by definition it belongs to parents on how to help their children and the counseling they believe is best. Stop acting like pressure groups know better than the people who have been helped by therapy. Just because some people are not helped doesn't mean we rob others of their free choice to get help from whom they want. Stop robbing Virginians of free choice.

Commenter: Ginny Bellamy

8/5/19 12:21 pm

Conversion therapy

Counselor and counselee should have total freedom. Government intervention not needed.

Commenter: Ginny Bellamy

8/5/19 12:24 pm

Counselor and counselee should have total freedom. No government intervention needed.

Commenter: Donald Hall, MD

8/5/19 1:02 pm

No restriction on counseling on sexual orientation or gender

I believe that residents of Virginia should have the right to make their own choices regarding counseling approaches to sexual orientation and gender identity. Withholding counseling from patients or punishing counselors who provide this assistance is misguided. Those who are trying (adults and minors) to resolve struggles with sexual orientation or natural gender need our help.

Commenter: Tim Lingenfelter

8/5/19 1:10 pm

restriction on counselors

Counselors, parents, and those being counseled should be able to freely decide how and what to be counseled on . It is not up to our government agencies to restrict counseling based on what they choose what is right and good for citizens based on politically correct biased 'facts'. Follow statics that show more people have been helped to become productive citizens through the help available that what you say is right. Stop deciding and directing what you feel is correct according to the minority.

DRAFT

Project 5721 - none

BOARD OF COUNSELING

Conversion therapy

Part I

General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"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 the same gender. Conversion therapy does not include:

1. Counseling that provides assistance to a person undergoing gender transition; or
2. 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.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-20-130. 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. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience, and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new counseling information, concepts, applications, and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable, and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; ~~and~~

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive; and

14. Not engage in conversion therapy with any person under 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality, and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with the client's expressed written consent or that of the client's legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship

CHAPTER

cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Counselors shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Counselors who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of, or participation in sexual behavior or involvement with a counselor does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationship or sexual intimacy or establish a counseling or psychotherapeutic relationship with a supervisee or student. Counselors shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of professional counseling.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent, or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"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 the same gender. Conversion therapy does not include:

1. Counseling that provides assistance to a person undergoing gender transition; or
2. 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.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract to the board and has received board approval to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person or persons being supervised.

18VAC115-50-110. Standards of practice.

A. The protection of the public's health, safety and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of marriage and family therapy.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training, and experience accurately to clients;
3. Stay abreast of new marriage and family therapy information, concepts, applications and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;
10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;
11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;
12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and
13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive; and
14. Not engage in conversion therapy with any person under 18 years of age.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;
2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;
3. Disclose or release client records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;
4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing, or public presentations; and
5. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the counseling relationship with the following exceptions:
 - a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;
 - b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or
 - c. Records that have transferred to another mental health service provider or given to the client or his legally authorized representative.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and also not counsel persons with whom they have had a sexual intimacy or romantic relationship. Marriage and family therapists shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Marriage and family therapists who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a marriage and family therapist does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any romantic relationships or sexual relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Marriage and family therapists shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or student or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of marriage and family therapy.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

Part I

General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience registered with the board.

"Resident" means an individual who has submitted a supervisory contract and has received board approval to provide clinical services in substance abuse treatment under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person supervised.

Part V

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC115-60-130. 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. Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of substance abuse treatment.

B. Persons licensed or registered by the board shall:

1. Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare;
2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;
3. Stay abreast of new substance abuse treatment information, concepts, application and practices that are necessary to providing appropriate, effective professional services;
4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;
5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;
6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;
7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;
8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;
9. Inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed; the limitations of confidentiality; and other

pertinent information when counseling is initiated and throughout the counseling process as necessary. Provide clients with accurate information regarding the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements;

10. Select tests for use with clients that are valid, reliable and appropriate and carefully interpret the performance of individuals not represented in standardized norms;

11. Determine whether a client is receiving services from another mental health service provider, and if so, refrain from providing services to the client without having an informed consent discussion with the client and having been granted communication privileges with the other professional;

12. Use only in connection with one's practice as a mental health professional those educational and professional degrees or titles that have been earned at a college or university accredited by an accrediting agency recognized by the U.S. Department of Education, or credentials granted by a national certifying agency, and that are counseling in nature; and

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive.

C. In regard to patient records, persons licensed by the board shall:

1. Maintain written or electronic clinical records for each client to include treatment dates and identifying information to substantiate diagnosis and treatment plan, client progress, and termination;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and provide for the destruction of records that are no longer useful in a manner that ensures client confidentiality;

3. Disclose or release records to others only with clients' expressed written consent or that of their legally authorized representative in accordance with § 32.1-127.1:03 of the Code of Virginia;

4. Maintain client records for a minimum of five years or as otherwise required by law from the date of termination of the substance abuse treatment relationship with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining the age of majority (18 years) or 10 years following termination, whichever comes later;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred to another mental health service provider or given to the client; and

5. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using identifiable client records and clinical materials in teaching, writing or public presentations.

D. In regard to dual relationships, persons licensed by the board shall:

1. Avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include, but are not limited to, familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance abuse treatment practitioners shall not engage in romantic relationships or sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship. Licensed substance abuse treatment practitioners who engage in such relationship or intimacy after five years following termination shall have the responsibility to examine and document thoroughly that such relations do not have an exploitive nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, or adverse impact on the client. A client's consent to, initiation of or participation in sexual behavior or involvement with a licensed substance abuse treatment practitioner does not change the nature of the conduct nor lift the regulatory prohibition;

3. Not engage in any sexual intimacy or romantic relationship or establish a counseling or psychotherapeutic relationship with a supervisee or student. Licensed substance abuse treatment practitioners shall avoid any nonsexual dual relationship with a supervisee or student in which there is a risk of exploitation or potential harm to the supervisee or the potential for interference with the supervisor's professional judgment; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

E. Persons licensed by this board shall report to the board known or suspected violations of the laws and regulations governing the practice of substance abuse treatment.

F. Persons licensed by the board shall advise their clients of their right to report to the Department of Health Professions any information of which the licensee may become aware in his professional capacity indicating that there is a reasonable probability that a person licensed

or certified as a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

Virginia Board of Counseling

Guidance Document on the Practice of Conversion Therapy

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

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

In 18VAC115-20-130 of the *Regulations Governing the Practice of Counseling*, the Virginia Board of Counseling ("Board") has stated that: "The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Regardless of the delivery method, whether in person, by phone, or electronically, these standards shall apply to the practice of counseling."

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

"Practice in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare"

See 18VAC115-20-130(B)(1) of the Regulations Governing the Practice of Counseling; 18VAC115-30-140(B)(1) of the Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants; 18VAC115-50-110(B)(1) of the Regulations Governing the Practice of Marriage and Family Therapy; and 18VAC15-60-130(B)(1) of the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

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. The American Counseling Association (ACA) opposes conversion therapy because "it does not work, can cause harm, and violates our Code of Ethics. ACA will continue to support state legislation that bans this discredited practice."

The consensus opinion of the ACA Ethics Committee is that the basic goal of reparative/conversion therapy is to change an individual's sexual orientation from homosexual to heterosexual. The ACA Ethics Committee states that counselors who conduct this type of

therapy view same-sex attractions and behaviors as abnormal and unnatural and, therefore, in need of "curing." The belief that same-sex attraction and behavior is abnormal and in need of treatment is in opposition to the position taken by national mental health organizations, including the ACA.

Consistent with the established position of the ACA, 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 regulations governing practitioners licensed, certified, 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, certificate holder, or registrant.

Agenda Item: Response to Petitions for Rulemaking

Included in your agenda package are:

- 1) A copy of the petition received from **Aimee Brickner**
Copy of comment on petition
Section of regulation

- 2) A copy of petition received from **Joyce Samples**
Copy of comment on petition
Section of regulation

Staff Note:

Each petition should be considered separately.

Action on petition:

To initiate rulemaking by adoption of a Notice of Intended Regulatory Action or a fast-track action; or

To reject the petitioner's request (*The Board needs to discuss or state its reasons for denial*).

Petition for Rule-Making (Brickner)

To amend regulations to allow counselors with doctoral coursework in supervision to supervise with less than two years of post-licensure experience.

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Regulatory Coordinator: Elaine J. Yeatts
(804)367-4688
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Agency Contact: Jaime Hoyle
Executive Director
(804)367-4406
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18 vac 115 - **Regulations Governing the Practice of Professional Counseling**
20:

Date Petition Received 05/23/2019

Petitioner Aimee Brickner

Petitioner's Request

Amend the qualifications for supervision to allow a licensed counselor to supervisor residents without the two-year post-licensure clinical experience requirement, if the licensee has completed a doctoral level supervision course or doctoral level supervision internship as a part of the completion of a doctoral degree .

Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on June 24, 2019 with comment requested until July 23, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, which is scheduled for August 16, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition. The petitioner will be informed of the board's response and any action it approves.

Publication Date 06/24/2019 *(comment period will also begin on this date)*

Comment End Date 07/23/2019



COMMONWEALTH OF VIRGINIA

MAY 14 2019

Board of Counseling

DHP

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(804) 367-4610 (Tel)
(804) 527-4435 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Brickner, Aimee R.

Street Address

2683 N Garden Ln

City

North Garden

Email Address (optional)

bricknar@jmu.edu

Area Code and Telephone Number

540-421-3223

State

VA

Zip Code

22959

Fax (optional)

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

**Regulations Governing the Practice of Professional Counseling
18VAC115-20-52. Residency requirements.**

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

Document two years of post-licensure clinical experience OR complete a doctoral level supervision course or doctoral level supervision internship as part of the completion of a doctoral degree.

Requiring licensed individuals to wait two years before becoming approved supervisors for residents in counseling serves the valuable purpose of allowing them to accrue experience not only working with clients and becoming a more seasoned professional, but to also take any necessary supervision courses/trainings in order to become a supervisor. Currently, this path is the only way to become an approved Supervisor and this petition for rule-making proposes adding a second way to become a Supervisor. All Doctoral level programs in Counselor Education in the state of Virginia require their doctoral students to take a supervision course that has both a theoretical component and a practicum component. Through the practicum component, doctoral students provide supervision to Master's level students and simultaneously receive supervision throughout the course from a licensed counselor educator. By receiving a combination of advanced supervision theory and practice, a licensed individual who has also completed a doctoral level supervision course as part of the completion of a doctoral degree should be able to become a licensed supervisor without the two year post-licensure clinical experience requirement.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

§ 54.1-2400

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

Signature: *James R. Brickman, PL.D., APC*

Date: 05/09/19

Virginia.gov Agencies | Governor


Agency Department of Health Professions

Board Board of Counseling

Chapter Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

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Commenter: Dr. Suzan Thompson

6/26/19 6:53 pm

Disagree

I completely disagree with this proposal! Most doctoral students have very little clinical experience already, so to permit them to supervise with even less than is required (2 years is not much time all-in-all!) would not serve our profession nor Residents. Although doctoral students MAY have more supervision training, that training MUST be accompanied with significant clinical experience to understand the depth and capacity of the counseling process.

Commenter: Laura Fisher, LMFT

6/28/19 6:26 pm

Opposed

I oppose this petition, despite residing in rural Southwest Virginia, near Virginia Tech's Ph.D. MFT program, which would allow a greater number of licensing supervisors for this area.

This petition places the value of education far above clinical experience. Despite the necessity of both to be successful and effective in this field, both as a counselor and supervisor. While additional education can be beneficial, the amount of time served in obtaining a doctoral degree does not make up for a lack of clinical experience. Clinical experience cannot be taught.

Allowing these individuals to supervise others without having at least 2 years of post-licensure clinical experience themselves is setting up a failing system for future counselors and therapists. Across the country, Virginia has a reputation for its high standards and I do not want to see that reputation diminished through selectively decreasing the amount of clinical experience necessary for some to supervise others.

Commenter: Cynthia Miller

7/11/19 1:57 pm

Oppose

I am opposed to this petition. The possession of a doctoral degree does not automatically prepare one to supervise someone for licensure. Many doctoral programs allow students to go directly from their master's degree to a doctoral degree without having to acquire a license to practice. While a doctoral program may require another internship, it is quite possible for someone to receive a doctoral degree having only had around 1200 hours of experience - with far less than 1,000 hours of direct service to clients. Moreover, at the doctoral level the internship may involve more teaching and supervision of practicum students than actual clinical work. This is not sufficient experience to begin providing supervision for licensure.

There is no substitute for experience when it comes to providing supervision for licensure. A supervisor needs to have worked with many clients facing many different issues and preferably in multiple settings before being ready to supervise someone for licensure. I believe the requirement that someone have at least two years of post-licensure, independent practice is a good minimum standard to become a supervisor for licensure and should not be watered down.

Commenter: Lynne Jonson

7/12/19 5:14 pm

Opposed

I also live in southern Va where qualified licensed professionals are not readily found. However I found that in my supervised 2 years of experience was essential in fully understanding the responsibility of practice and developed my clinical skills. In my local area we have varied level of skills, education and abilities with QMHPs. I face daily challenges with QMHPs failing to continuing education/knowledge requirements as a direct result of lack of mandated continuing education and they are not bound by a code of ethics to practice. I mention this as an example of the potential clinical level of experience most doctoral candidates have. Without practical experience the "practice" of our profession is based in real practice with a working knowledge of a code of ethics-ethics and legal requirements are not theory.

Commenter: Lynne Jonson

7/12/19 5:17 pm

Opposed

I also live in southern Va where qualified licensed professionals are not readily found. However, my supervised 2 years of experience was essential in my fully understanding the responsibility of practice and developed my clinical skills.

I find varied level of skills, education and abilities with QMHPs. I face daily challenges with QMHPs failing to continuing education/knowledge requirements as a direct result of lack of mandated continuing education and they are not bound by a code of ethics to practice. I mention this as an example of the potential clinical level of experience most doctoral candidates have. Without practical experience the "practice" of our profession is based in real practice with a working knowledge of a code of ethics-ethics and legal requirements are not theory.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:
 - a. Assessment and diagnosis using psychotherapy techniques;
 - b. Appraisal, evaluation, and diagnostic procedures;
 - c. Treatment planning and implementation;
 - d. Case management and recordkeeping;
 - e. Professional counselor identity and function; and
 - f. Professional ethics and standards of practice.
2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.
3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.
10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
 2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
 3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
 4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
 5. The supervisor shall provide supervision as defined in 18VAC115-20-10.
- E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

Petition for Rule-Making (Samples)

To amend regulations to require a supervisor supervising a resident in counseling to complete at least 5 years of post-licensure experience or document experience in all clinical areas.

Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Counseling**

Regulatory Coordinator: Elaine J. Yeatts
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle
Executive Director
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions
9960 Mayland Drive
Suite 300
Richmond, VA 23233

Chapter Affected:

18VAC115 - 20: Regulations Governing the Practice of Professional
Counseling

Date Petition
Received 05/10/2019

Petitioner Joyce Samples

Petitioner's Request

Requesting that the Board review to amend the requirements to be a supervisor. Currently the requirements are 2 yrs post licensure work and either graduate class or 20 hour supervision training. I am requesting the Board amend the criteria from either 2 years to 5 years post licensure experience OR have the individual document experience in all clinical areas. For example, working 2 yrs post licensure in administration should not be allowed to qualify since no clinical work has been performed.

Agency Plan

In accordance with Virginia law, the petition will be filed with the Register of Regulations and published on June 10, 2019 with comment requested until July 9, 2019. It will also be placed on the Virginia Regulatory Townhall and available for comments to be posted electronically. At its first meeting following the close of comment, which is scheduled for August 16, 2019, the Board will consider the request to amend regulations and all comment received in support or opposition.

Publication Date 06/10/2019 *(comment period will also begin on this date)*

Comment End Date 07/09/2019



COMMONWEALTH OF VIRGINIA

Board of Counseling

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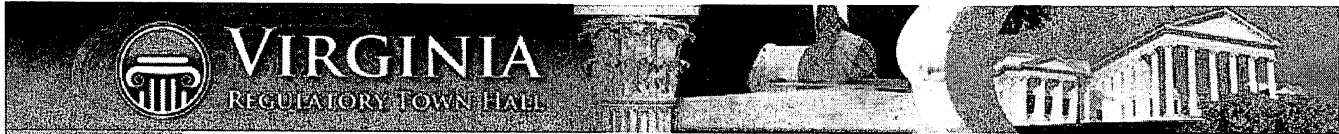
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Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.

Please provide the information requested below. (Print or Type)		
Samples, Joyce E, Ms.		
485 Church St.	276 613 1414	
Wytheville	Va	24382
<u>joyce.samples@yahoo.com</u>	Fax (optional)	

Respond to the following questions:	
The application for Board Approved Supervisor for LPC	
I am requesting that the Board review to amend the requirements to be a supervisor. Currently the requirements are 2 yrs post licensure work and either graduate class or 20 hour supervision training. I am requesting the Board amend the criteria from either 2 years to 5 years post licensure experience OR have the individual document experience in all clinical areas. For example, working 2 yrs post licensure in administration should not be allowed to qualify since no clinical work has been performed.	
3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is <u>other</u> legal authority for promulgation of a regulation, please provide that Code reference.	
Joyce. E Samples, LPC	5-9-19



Agency Department of Health Professions

Board Board of Counseling

Chapter Regulations Governing the Practice of Professional Counseling [18 VAC 115 - 20]

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Commenter: Dr. Amy Parks

6/12/19 10:55 am

This is an important and critical change that will improve the delivery of high quality supervision.

Commenter: Carolyn Schoenherr-Crump

6/12/19 5:35 pm

qualifications for supervisors of residents

I do support the proposal submitted by Joyce Samples. I too am concerned about LPC's who do not have clinical experience of actually working with clients, becoming supervisors. This to me, is not providing adequate supervision to resident.

Commenter: Dr. Rick Carroll

6/14/19 11:16 pm

Tightening supervision requirements during Residency

I support the petition to increase the time frame from two to five years of post-licensure experience for supervisors who provide supervision to residents. I've seen a lot of inexperienced supervisors providing supervision to others after only two years of work in the field, which is ultimately to the potential detriment of those we serve. Increasing the time frame (or having the individual document clinical experience in all areas) will enhance the supervision offered to residents (F.2.a) and increase their gatekeeping capacity (F.6.b) to our profession.

Commenter: Loretta Schulz

6/15/19 12:40 pm

Important Change

I have supervised residents who told me that they "didn't get much from their first supervision experience because that supervisor was not knowledgeable about supervision or supervision in that resident's area of interest. I think that the regulation as proposed is a much needed change.

Commenter: Rebecca Hogg

6/15/19 1:42 pm

Pushing too far

As it stands, it can be difficult for a new graduate to locate a supervisor. I think pushing the requirement out to 5 years would put an unnecessary burden on these new counselors.

New supervisors are already required to submit evidence for 20 continuing hours which should cover all clinical areas.

I would suggest that instead of increasing the requirements to become a supervisor, instead add a requirement to remain a supervisor by requiring 5 continuing education hours annually in supervision.

I can agree with new supervisors needing to document working in various clinical areas during the 2 years post-licensure.

Commenter: Michelle Mays Center for Relational Recovery

6/16/19 4:28 pm

Supervision Petition

I support this change in supervision requirements as I believe supervisors need the five year time period to develop their own clinical skills and understanding as well as continue their training prior to supervising other clinicians. Clinical skills are developed in the doing of counseling far more than in classroom/book training or learning (not that these aren't vital as well). Supervisors need to have had the time to hone and deepen their clinical skills experientially prior to supervising other clinicians.

Commenter: Jane Fetterman

6/17/19 9:02 pm

Supervision Proposal

I am strongly opposed to the proposed changes to the qualifications for supervisors of residents in counseling. Increasing requirements to 5 years post licensure would result in fewer qualified supervisors making it harder for prospective residents to get supervision. Secondly, this proposal doesn't specify that the increase to 5 years include clinical practice, so the concern may not even be changed with the proposed additional time. Lastly, supervisors should not supervise outside her/his areas of expertise and this is what should be stressed and monitored to address the presented concern.

Commenter: Jim Brewer

6/19/19 6:36 pm

Supervision 2 to 5 years will need a interim in order to maintain supervisors.

A interim time frame will need to be established to maintain a level of supervision vice the immediate enforcement of the new regulation.. Also, 5 years of seniority in the field doesn't always provide the best candidate, especially if only minimally successful applicants are available to apply.

Commenter: Kristen Hart, LPC

6/26/19 11:46 am

Increased concerns

It seems inappropriate to implement this change to all providers as each individual's experience may vary during their time in the field. Many individuals submerge themselves in various fields, working with a diverse clientele, making them completely qualified and competent to supervise

within a 2 year time period. To date, many residents experience difficulty locating and maintaining clinical supervisors. Making this change, would increase these challenges for residents and present more barriers during residency. A better approach would be increasing the amount of continuing education needed for those in a clinical supervisor role

Commenter: Dr. Suzan Thompson

6/26/19 6:48 pm

Amend

Amending the requirements for qualified supervisors from 2 to up to 5 would be helpful to training Residents appropriately. Supervisors should have a clinical caseload to assist them with continuing to develop their clinical skills.

Commenter: Andrew Peddy

6/28/19 10:23 am

Lack of supervisor availability

An increase of experience after licensure in order to provide supervision is ideal, but would prove very detrimental in Southwest Virginia for increasing the workforce. The workforce shortage limits service availability for the individuals we serve currently and expanding the requirements now would limit this further. According to the Virginia Medicaid Continuum of Behavioral Health Services report by the Farley Center, "Of the 133 counties in Virginia, 87 (65%) were designated by the Health Resources and Services Administration as Mental Health Professional Shortage Areas in 2018. Significant regional variation exists, with the greatest workforce shortages in the Southwest and Southside regions." Because of this workforce shortage, many people who become licensed do move into administrative roles due to requirements for supervisors to be LMHP type staff. It is difficult to fill LMHP type positions in Southwest Virginia and it is difficult for staff to find supervisors. I would also like to point out this information from the Continuum report as well, "Virginia ranks 40th in terms of access to behavioral health care in the nation. Virginia also ranks 41st in terms of availability of mental health providers, as measured by a ratio of population to providers." I believe this would be better served as a long term goal for the board as we build our work force.

Commenter: Jackie Morris

7/1/19 12:29 pm

We will miss out on some excellent supervision if this is changed

Early in my career, I was privileged to work with someone who came late in life to her Masters/license, but had a long history of working in addictions and mental health. Her experience was invaluable, and the quality of the supervision she provided was unparalleled in an area already starving for qualified supervisors. This proposal would likely have been a deterrent for her to even seek a Master's degree/license, and the residents she has supervised over the years would have missed out. To burden this area of far southwest Virginia by more than doubling requirements we are already struggling to meet seems to serve the purpose of making those available supervisors EXTREMELY marketable, perhaps increasing opportunities to do nothing more than provide supervision, but I fail to see how it will help us meet ever increasing Medicaid requirements for licensed providers by creating a bottleneck for residents needing supervision.

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS

7/9/19 2:26 am

Opposed - Petition does not adequately address supervisor competency - There are better options

- I agree that a supervisor should document clinical rather than administrative work experience in order to be a supervisor. I disagree that the experience should be extended to 5 years before being allowed to supervise. There are other alternatives to addressing supervisor competency.
- First, I would like to explain how I've come to my response to this petition: I have been a supervisor in Virginia for over 20 years and I am a provider of the 20 hours of Clinical Supervision Training required for LPCs and LMFTs to supervise residents and as such have trained many supervisors over the years. I have been the Supervision Chair of Northern Virginia Licensed Professional Counselors (NVLPC) for 6 years, a NVLPC Resident Support Group leader for several years, and have researched and written multiple NVLPC newsletter articles on Virginia supervision topics. In these volunteer positions I have assisted many supervisors and residents in navigating the process of attaining licensure. (Note that the opinions I express here are my own and do not reflect the opinions of NVLPC.)
- I have heard about many situations of inadequate supervision based on ignorance, misunderstanding, and/or misinterpretation of the regulations by supervisors (and residents). So, I understand the need for amendments to the requirements.
- However, I believe that extending the requirements for supervising from two years to five years is too extreme at the present time. There are currently about 8,700 LPC residents and about 300 LMFT residents according to the Board with the caveat this number may be inaccurate. There are about 2000 supervisors listed on the Board website which I also think is not accurate, but in lieu of any other numbers, I'm using them. That's a 4 to 1 ratio. With more students graduating every year there are already not enough supervisors to meet the need and there would be a shortfall during a 3-year extension period. I've been told multiple times by graduates that it has taken them months to find a supervisor because those they contact don't return their calls and if they do, say they have no openings. Extending the time-frame to 3-5 years of experience can be revisited when there are more licensed clinicians available to provide supervision.
- I believe the answer to assuring quality supervision is in the supervisor training requirement itself. My recommendations are: 1. Require only in-person post-graduate Clinical Supervision Training in Virginia because graduate courses and on-line training (which are currently allowed) are generic and not state specific and therefore don't address the Virginia requirements; 2. Require that the Clinical Supervision Training concentrate at least 5 of the 20 hours specifically on the Virginia regulations and requirements, review of the Virginia forms, and navigating the Board of Counseling website; and 3. Require a new supervisor to have a specific number of supervision of supervision hours (for example, 10 hours) from a supervisor who has 5 + years of supervision experience or who has the ACS (Approved Clinical Supervisor) credential. An alternative to #3 would be to require that LPC/LMFT supervisors take a minimum of 5 hours of the yearly required 20 continuing education hours specifically on the topic of supervision every year.
- Lastly, the 2-year requirement should be defined more clearly. I recommend that the experience be redefined and based on 2 years of full-time, 40 hours a week, clinical experience or the equivalent if part-time (for example, 4 years if the experience is half-time clinical work).

Commenter: Candice Arnold

7/9/19 11:41 am

increase supervisor requirements

I agree that the requirements to become a board approved supervisor in VA does need to be amended. I agree that the requirements need to require the supervisor having more clinical experience post licensure. Perhaps, if it is 5 years post licensure, that could include someone who has had their 5 years post licensure experience in VA, or if part of their years of post licensure experience was in another state, then that should be added into the 5 years. I would consider

grandfathering any currently registered supervisors to stay supervisors if they have under 5 years if this goes into place in near future.

Commenter: Dr. Simone Lambert, Capella University

7/9/19 1:44 pm

Opposition

Due to the vast mental health workforce shortage and increased need for mental health and addiction counseling, I strongly oppose this proposed regulation. This is a time when we need more qualified supervisors to launch LPCs who can address such issues as community violence prevention, trauma informed care, and increased suicidal ideation. We need more supervisors to ready our next cohort of licensed professional counselors. Do these supervisors need to be trained and experienced? Absolutely! Raising the number of years of experience post licensure does not guarantee that quality supervision will be provided. Instead of further restricting the job possibilities of LPC's, let's invest as a state in training top notch Virginia supervisors.

Commenter: Chris Belcher

7/9/19 9:47 pm

Qualifications for supervision of residents

I would have to agree increasing the clinical experience and education required to supervise residents would in the long run benefit both the profession and the population served in the state of Virginia. I understand there will be challenges and this would likely take some time to implement however that does not mean we should not consider making some needed changes.

18VAC115-20-52. Residency Requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;
2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee.

B. Residency requirements.

1. The applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

- a. Assessment and diagnosis using psychotherapy techniques;
- b. Appraisal, evaluation, and diagnostic procedures;
- c. Treatment planning and implementation;
- d. Case management and recordkeeping;
- e. Professional counselor identity and function; and
- f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.
10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.
11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;
2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and
3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.
2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.
3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.
4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.
5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Statutory Authority

§ 54.1-2400 of the Code of Virginia.

Historical Notes

Derived from Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016.

**Adoption of recommendation
for emergency regulations
related to the issuance of
temporary licenses to
individuals engaged in
counseling residency.**

Agenda Item: Adoption of Amendments for a Resident License

Included in the agenda package:

Copy of 2019 legislation – HB2282

A copy of the DRAFT emergency regulations

Action:

Adoption of amendments to regulations as emergency regulations and a Notice of Intended Regulatory Action to replace them with permanent regulations

VIRGINIA ACTS OF ASSEMBLY -- 2019 SESSION

CHAPTER 428

An Act to amend and reenact § 54.1-3505 of the Code of Virginia, relating to issuance of temporary licenses; individuals engaged in counseling residency.

[H 2282]

Approved March 18, 2019

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3505 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

9. To promulgate regulations for the registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration.

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

11. To promulgate regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

2. That the Board of Counseling shall promulgate regulations to implement the provisions of this act within 280 days of enactment.

BOARD OF COUNSELING

Resident license

Part I

General Provisions

18VAC115-20-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Counseling"

"Professional counselor"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a professional counselor.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical counseling services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"CORE" means Council on Rehabilitation Education.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of counseling according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical counseling services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited college or university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Jurisdiction" means a state, territory, district, province, or country that has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting that does not meet the conditions of exemption from the requirements of licensure to engage in the practice of counseling as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved by the board.

"Resident" means an individual who has submitted a supervisory contract and has ~~received board approval~~ been licensed by the board to provide clinical services in professional counseling under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

18VAC115-20-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a professional counselor or a resident in counseling:

Active annual license renewal <u>for professional counselor</u>	\$130
Inactive annual license renewal <u>for professional counselor</u>	\$65
	<u>\$30</u>
<u>Annual renewal for resident in counseling</u>	
Initial licensure by examination: Application processing and initial licensure <u>as professional counselor</u>	\$175 <u>\$150</u>
Initial licensure by endorsement: Application processing and initial licensure <u>as professional counselor</u>	\$175
Registration of supervision <u>Application and initial licensure as a resident in counseling</u>	\$65 <u>\$100</u>
Add or change supervisor <u>Pre-review of education only</u>	\$30 <u>\$75</u>
Duplicate license	\$10
Verification of licensure to another jurisdiction	\$30
Late renewal <u>for professional counselor</u>	\$45
<u>Late renewal for resident in counseling</u>	<u>\$10</u>
Reinstatement of a lapsed license	\$200
Replacement of or additional wall certificate	\$25

Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Professional Counselor

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52;
2. Pass the licensure examination specified by the board;
3. Submit the following to the board:
 - a. A completed application;
 - b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
 - c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

- d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;
 - e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-52. Residency Resident license and requirements for a residency.

A. ~~Registration.~~ Resident license. ~~Applicants who render counseling services for licensure as a resident in counseling shall:~~

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing clinical counseling services.
2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51; and
3. Pay the registration fee; and

4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a professional counselor shall have completed a 3,400-hour supervised residency in the role of a professional counselor working with various populations, clinical problems, and theoretical approaches in the following areas:

- a. Assessment and diagnosis using psychotherapy techniques;
- b. Appraisal, evaluation, and diagnostic procedures;
- c. Treatment planning and implementation;
- d. Case management and recordkeeping;
- e. Professional counselor identity and function; and
- f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. No more than half of the 200 hours may be satisfied with group supervision. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
4. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.
6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49, may count for up to an additional 300 hours towards the requirements of a residency.
7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.
8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.
9. Residents may not call themselves professional counselors, ~~directly bill for services rendered,~~ or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

10. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in professional counseling shall:

1. Document two years of post-licensure clinical experience;

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Shall hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

E. Applicants shall document successful completion of their residency on the Verification of Supervision Form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet. Supervised experience obtained prior to April 12, 2000, may be accepted toward licensure if this supervised experience met the board's requirements which were in effect at the time the supervision was rendered.

Part III

Examinations

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board. An applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more seven years if the board has granted an interruption or extension of the residency.

~~B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.~~

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:~~

~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two year period, a new application will not be accepted.~~

~~D.~~ The board shall establish a passing score on the written examination.

~~E.C.~~ A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board.

Part IV

Licensure Renewal; Reinstatement

18VAC115-20-100. Annual renewal of licensure.

A. All licensees licensed professional counselors shall renew licenses on or before June 30 of each year.

B. Every ~~license holder~~ licensed professional counselor who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-20-20.

C. A licensee licensed professional counselor who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20.

No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-20-110 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in counseling, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in counseling shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-20-105.

18VAC115-50-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia: (i) "board," (ii) "marriage and family therapy," (iii) "marriage and family therapist," and (iv) "practice of marriage and family therapy."

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary counseling services" means activities such as case management, recordkeeping, referral, and coordination of services.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Clinical marriage and family services" means activities such as assessment, diagnosis, and treatment planning and treatment implementation for couples and families.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client.

"Internship" means a formal academic course from a regionally accredited university in which supervised practical experience is obtained in a clinical setting in the application of counseling principles, methods, and techniques.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved ~~by the board.~~

"Resident" means an individual who has submitted a supervisory contract to the board and has ~~received board approval~~ been licensed by the board to provide clinical services in marriage and family therapy under supervision.

"Supervision" means an ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented, individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person or persons being supervised.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision <u>Application and initial licensure as a resident</u>	\$65 <u>\$100</u>
Add or change supervisor <u>Pre-review of education only</u>	\$30 <u>\$75</u>
Initial licensure by examination: Processing and initial licensure <u>as a marriage and family therapist</u>	\$175 <u>\$150</u>
Initial licensure by endorsement: Processing and initial licensure <u>as a marriage and family therapist</u>	\$175
Active annual license renewal <u>for marriage and family therapist</u>	\$130
Inactive annual license renewal <u>for marriage and family therapist</u>	\$65
<u>Annual renewal for resident in marriage and family therapy</u>	<u>\$30</u>
Penalty for late renewal <u>for marriage and family therapist</u>	\$45
<u>Late renewal for resident in marriage and family therapy</u>	<u>\$10</u>
Reinstatement of a lapsed license	\$200
Verification of license to another jurisdiction	\$30
Additional or replacement licenses	\$10
Additional or replacement wall certificates	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-30. Application for licensure as a marriage and family therapist by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;
3. Submit to the board office the following items:
 - a. A completed application;
 - b. The application processing and initial licensure fee prescribed in 18VAC115-50-20;
 - c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;
 - d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;
 - e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and
 - f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-60. Residency Resident license and requirements for a residency.

A. ~~Registration.~~ Resident license. Applicants who ~~register~~ apply for a resident license in marriage and family therapy services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing marriage and family services.
2. Have submitted an official transcript documenting a graduate degree as that meets the requirements specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; ~~and~~
3. Pay the registration fee; and
4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Residency requirements.

1. The applicant for licensure as a marriage and family therapist shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.
 - a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

- b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
 - c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.
2. The residency shall include documentation of at least 2,000 hours in clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.
 3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.
 4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.
 5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.
 6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.
 7. Residents shall not call themselves marriage and family therapists, ~~directly bill for services rendered,~~ or in any way represent themselves as marriage and family therapists.

During the residency, they may use their names, the initials of their degree, their resident license number, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the resident's status, along with the name, address and telephone number of the resident's supervisor.

8. Residents shall not engage in practice under supervision in any areas for which they do not have appropriate education.

9. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

10. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-

96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social

workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.
2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.
3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, as prescribed by the board, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

~~B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55. An applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more than seven years if the board has granted an interruption or extension of the residency.~~

~~C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

- ~~1. The initial approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board.

18VAC115-50-90. Annual renewal of license.

A. All licensees licensed marriage and family therapists shall renew licenses on or before June 30 of each year.

B. All licensees licensed marriage and family therapists who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-50-20.

C. A licensee licensed marriage and family therapist who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in marriage and family therapy, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in marriage and family therapy shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-50-96.

Part I

General Provisions

18VAC115-60-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in § 54.1-3500 of the Code of Virginia:

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Ancillary services" means activities such as case management, recordkeeping, referral, and coordination of services.

"Applicant" means any individual who has submitted an official application and paid the application fee for licensure as a substance abuse treatment practitioner.

"CACREP" means the Council for Accreditation of Counseling and Related Educational Programs.

"Candidate for licensure" means a person who has satisfactorily completed all educational and experience requirements for licensure and has been deemed eligible by the board to sit for its examinations.

"Clinical substance abuse treatment services" means activities such as assessment, diagnosis, treatment planning, and treatment implementation.

"COAMFTE" means the Commission on Accreditation for Marriage and Family Therapy Education.

"Competency area" means an area in which a person possesses knowledge and skill and the ability to apply them in the clinical setting.

"Exempt setting" means an agency or institution in which licensure is not required to engage in the practice of substance abuse treatment according to the conditions set forth in § 54.1-3501 of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client.

"Group supervision" means the process of clinical supervision of no more than six persons in a group setting provided by a qualified supervisor.

"Internship" means a formal academic course from a regionally accredited university in which supervised, practical experience is obtained in a clinical setting in the application of counseling principles, methods and techniques.

"Jurisdiction" means a state, territory, district, province or country which has granted a professional certificate or license to practice a profession, use a professional title, or hold oneself out as a practitioner of that profession.

"Nonexempt setting" means a setting which does not meet the conditions of exemption from the requirements of licensure to engage in the practice of substance abuse treatment as set forth in § 54.1-3501 of the Code of Virginia.

"Regional accrediting agency" means one of the regional accreditation agencies recognized by the U.S. Secretary of Education responsible for accrediting senior postsecondary institutions.

"Residency" means a postgraduate, supervised, clinical experience ~~registered with~~ approved by the board.

"Resident" means an individual who has submitted a supervisory contract and has ~~received board approval~~ been licensed by the board to provide clinical services in substance abuse treatment under supervision.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group consultation, guidance and instruction with respect to the clinical skills and competencies of the person supervised.

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner or resident in substance abuse treatment:

Registration of supervision (initial) <u>Application and initial licensure as a resident in substance abuse treatment</u>	\$65 \$100
Add/change supervisor <u>Pre-view of education only</u>	\$30 \$75
Initial licensure by examination: Processing and initial licensure <u>as a substance abuse treatment practitioner</u>	\$175 \$150
Initial licensure by endorsement: Processing and initial licensure <u>as a substance abuse treatment practitioner</u>	\$175
Active annual license renewal <u>for a substance abuse treatment practitioner</u>	\$130
Inactive annual license renewal <u>for a substance abuse treatment practitioner</u>	\$65
<u>Annual renewal for resident in substance abuse treatment</u>	\$30
Duplicate license	\$10
Verification of license to another jurisdiction	\$30
Late renewal <u>for a substance abuse treatment practitioner</u>	\$45
<u>Late renewal for a resident in substance abuse treatment</u>	\$10
Reinstatement of a lapsed license	\$200
Replacement of or additional wall certificate	\$25
Returned check	\$35
Reinstatement following revocation or suspension	\$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

Part II

Requirements for Licensure as a Substance Abuse Treatment Practitioner

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;
2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70.

Transcripts previously submitted for ~~registration of supervision~~ board approval of a resident license do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-60-20; and

f. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-80. Residency Resident license and requirements for a Residency.

A. ~~Registration~~ Licensure. Applicants who ~~render~~ for a resident license in substance abuse treatment services shall:

1. ~~With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision~~ Apply for licensure on a form provided by the board to include (a) verification of a supervisory contract; (b) the name and licensure number of the supervisor and location for the supervised practice; and (c) an attestation that the applicant will be providing substance abuse treatment services;
2. Have submitted an official transcript documenting a graduate degree ~~as~~ that meets the requirements specified in 18VAC115-60-60 to include completion of the coursework and internship requirement specified in 18VAC115-60-70; ~~and~~
3. Pay the registration fee; and
4. Have no unresolved disciplinary action against a mental health or health professional license, certificate, or registration in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure as a substance abuse treatment practitioner shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

- a. Clinical evaluation;
- b. Treatment planning, documentation and implementation;
- c. Referral and service coordination;
- d. Individual and group counseling and case management;

- e. Client family and community education; and
- f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

- a. No more than half of these hours may be satisfied with group supervision.
- b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.
- c. Supervision that is not concurrent with a residency will not be accepted, nor will residency hours be accrued in the absence of approved supervision.
- d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.
- e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents may not call themselves substance abuse treatment practitioners, ~~directly bill for services rendered,~~ or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

8. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical

psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III

Examinations

18VAC115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for ~~initial~~ licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial approval of the residency or within no more seven years if the board has granted an interruption of extension of the residency.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed a substance abuse examination deemed by the board to be substantially equivalent to the Virginia examination.

~~C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.~~

~~D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:~~

~~1. The initial board approval to sit for the examination shall then become invalid; and~~

~~2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.~~

E. The board shall establish a passing score on the written examination.

F.D. A candidate for examination or an applicant shall not provide clinical substance abuse or addiction counseling services unless he is under supervision ~~approved~~ and holds a resident license issued by the board.

Part IV

Licensure Renewal; Reinstatement

18VAC115-60-110. Renewal of licensure.

A. All licensees substance abuse treatment practitioners shall renew licenses on or before June 30 of each year.

B. Every ~~license holder~~ substance abuse treatment practitioner who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and
2. The renewal fee prescribed in 18VAC115-60-20.

C. A licensee substance abuse treatment practitioner who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-60-120 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

F. For renewal of a resident license in substance abuse treatment, the following shall apply:

1. A resident license shall expire annually on the date it was initially issued and may be renewed up to six times.

2. On the annual renewal form, the resident shall identify all current practice locations and supervisors for that practice and verify that a supervisory contract is in effect with each of those supervisors.

3. On the annual renewal form, residents in substance abuse treatment shall attest to completion of three hours in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia, offered by an approved provider as set forth in subsection B of 18VAC115-60-116.

Executive Director's Report

	<u>109 Counseling</u>
Board Cash Balance as June 30, 2018	\$ 1,094,175
YTD FY19 Revenue	2,294,765
Less: YTD FY19 Direct and Allocated Expenditures	<u>1,563,227</u>
Board Cash Balance as June 30, 2019	<u><u>1,825,713</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	933,640.00	294,600.00	(639,040.00)	316.92%
4002406	License & Renewal Fee	1,307,695.00	1,182,950.00	(124,745.00)	110.55%
4002407	Dup. License Certificate Fee	2,920.00	825.00	(2,095.00)	353.94%
4002409	Board Endorsement - Out	5,305.00	1,740.00	(3,565.00)	304.89%
4002421	Monetary Penalty & Late Fees	11,010.00	13,960.00	2,950.00	78.87%
4002430	Board Changes Fee	32,040.00	-	(32,040.00)	0.00%
4002432	Misc. Fee (Bad Check Fee)	525.00	140.00	(385.00)	375.00%
	Total Fee Revenue	2,293,135.00	1,494,215.00	(798,920.00)	153.47%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	1,630.00	-	(1,630.00)	0.00%
	Total Sales of Prop. & Commodities	1,630.00	-	(1,630.00)	0.00%
	Total Revenue	2,294,765.00	1,494,215.00	(800,550.00)	153.58%
5011110	Employer Retirement Contrib.				
5011120	Fed Old-Age Ins- Sal St Emp	11,324.59	9,814.00	(1,510.59)	115.39%
5011140	Group Insurance	1,569.34	1,681.00	111.66	93.36%
5011150	Medical/Hospitalization Ins.	10,628.50	8,244.00	(2,384.50)	128.92%
5011160	Retiree Medical/Hospitalizatn	1,402.17	1,501.00	98.83	93.42%
5011170	Long term Disability Ins	744.92	796.00	51.08	93.58%
	Total Employee Benefits	38,822.37	39,381.00	558.63	98.58%
5011200	Salaries				
5011230	Salaries, Classified	120,081.65	128,286.00	8,204.35	93.60%
5011250	Salaries, Overtime	30,062.79	-	(30,062.79)	0.00%
	Total Salaries	150,144.44	128,286.00	(21,858.44)	117.04%
5011300	Special Payments				
5011340	Specified Per Diem Payment	2,400.00	3,000.00	600.00	80.00%
5011380	Deferred Compnstn Match Pmts	480.00	1,440.00	960.00	33.33%
	Total Special Payments	2,880.00	4,440.00	1,560.00	64.86%
5011600	Terminatn Personal Svce Costs				
5011660	Defined Contribution Match - Hy	3,042.17	-	(3,042.17)	0.00%
	Total Terminatn Personal Svce Costs	3,042.17	-	(3,042.17)	0.00%
5011930	Turnover/Vacancy Benefits				
	Total Personal Services	194,888.98	172,107.00	(22,781.98)	113.24%
5012000	Contractual Svs				
5012100	Communication Services				
5012110	Express Services	-	295.00	295.00	0.00%
5012120	Outbound Freight Services	0.28	-	(0.28)	0.00%
5012130	Messenger Services	8.67	-	(8.67)	0.00%
5012140	Postal Services	16,632.31	8,232.00	(8,400.31)	202.04%
5012150	Printing Services	103.68	120.00	16.32	86.40%
5012160	Telecommunications Svcs (VITA)	816.16	900.00	83.84	90.68%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
5012190	Inbound Freight Services	14.25	-	(14.25)	0.00%
	Total Communication Services	17,575.35	9,547.00	(8,028.35)	184.09%
5012200	Employee Development Services				
5012210	Organization Memberships	1,400.00	500.00	(900.00)	280.00%
5012240	Employee Training/Workshop/Conf	2,000.00	-	(2,000.00)	0.00%
5012260	Personnel Developmnt Services	1,650.00	-	(1,650.00)	0.00%
	Total Employee Development Services	5,050.00	500.00	(4,550.00)	1010.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	-	140.00	140.00	0.00%
	Total Health Services	-	140.00	140.00	0.00%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	17,865.55	9,280.00	(8,585.55)	192.52%
5012440	Management Services	142.77	134.00	(8.77)	106.54%
5012460	Public Infrmtnl & Relatn Svcs	140.00	5.00	(135.00)	2800.00%
5012470	Legal Services	195.00	475.00	280.00	41.05%
	Total Mgmnt and Informational Svcs	18,343.32	9,894.00	(8,449.32)	185.40%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	818.75	-	(818.75)	0.00%
5012560	Mechanical Repair & Maint Srvc	-	34.00	34.00	0.00%
	Total Repair and Maintenance Svcs	818.75	34.00	(784.75)	2408.09%
5012600	Support Services				
5012630	Clerical Services	194,778.20	110,551.00	(84,227.20)	176.19%
5012640	Food & Dietary Services	3,157.87	1,075.00	(2,082.87)	293.76%
5012660	Manual Labor Services	231.25	1,170.00	938.75	19.76%
5012670	Production Services	1,855.56	5,380.00	3,524.44	34.49%
5012680	Skilled Services	12,514.85	16,764.00	4,249.15	74.65%
	Total Support Services	212,537.73	134,940.00	(77,597.73)	157.51%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	6,305.04	4,979.00	(1,326.04)	126.63%
5012830	Travel, Public Carriers	872.98	-	(872.98)	0.00%
5012850	Travel, Subsistence & Lodging	4,289.11	1,950.00	(2,339.11)	219.95%
5012880	Trvl, Meal Reimb- Not Rprtble	1,704.50	988.00	(716.50)	172.52%
	Total Transportation Services	13,171.63	7,917.00	(5,254.63)	166.37%
	Total Contractual Svcs	267,496.78	162,972.00	(104,524.78)	164.14%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,999.54	597.00	(1,402.54)	334.93%
	Total Administrative Supplies	1,999.54	597.00	(1,402.54)	334.93%
5013200	Energy Supplies				
5013230	Gasoline	86.52	-	(86.52)	0.00%
	Total Energy Supplies	86.52	-	(86.52)	0.00%
5013500	Repair and Maint. Supplies				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			
		Amount	Budget	Under/(Over) Budget	% of Budget
5013520	Custodial Repair & Maint Matrl	3.87	-	(3.87)	0.00%
5013530	Electrcal Repair & Maint Matrl	0.98	-	(0.98)	0.00%
	Total Repair and Maint. Supplies	4.85	-	(4.85)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	22.65	-	(22.65)	0.00%
5013630	Food Service Supplies	-	183.00	183.00	0.00%
5013640	Laundry and Linen Supplies	10.30	-	(10.30)	0.00%
5013650	Personal Care Supplies	8.42	-	(8.42)	0.00%
	Total Residential Supplies	41.37	183.00	141.63	22.61%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	52.20	-	(52.20)	0.00%
	Total Specific Use Supplies	52.20	-	(52.20)	0.00%
	Total Supplies And Materials	2,184.48	780.00	(1,404.48)	280.06%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	54.87	46.00	(8.87)	119.28%
	Total Insurance-Fixed Assets	54.87	46.00	(8.87)	119.28%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	589.33	540.00	(49.33)	109.14%
5015350	Building Rentals	91.20	-	(91.20)	0.00%
5015360	Land Rentals	-	60.00	60.00	0.00%
5015390	Building Rentals - Non State	11,761.77	11,168.00	(593.77)	105.32%
	Total Operating Lease Payments	12,442.30	11,768.00	(674.30)	105.73%
5015500	Insurance-Operations				
5015510	General Liability Insurance	196.94	170.00	(26.94)	115.85%
5015540	Surety Bonds	11.62	11.00	(0.62)	105.64%
	Total Insurance-Operations	208.56	181.00	(27.56)	115.23%
	Total Continuous Charges	12,705.73	11,995.00	(710.73)	105.93%
5022000	Equipment				
5022100	Computer Hrdware & Sftware				
5022170	Other Computer Equipment	587.00	-	(587.00)	0.00%
	Total Computer Hrdware & Sftware	587.00	-	(587.00)	0.00%
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	77.00	77.00	0.00%
	Total Educational & Cultural Equip	-	77.00	77.00	0.00%
5022600	Office Equipment				
5022610	Office Appurtenances	-	42.00	42.00	0.00%
	Total Office Equipment	-	42.00	42.00	0.00%
5022700	Specific Use Equipment				
5022710	Household Equipment	31.83	-	(31.83)	0.00%
	Total Specific Use Equipment	31.83	-	(31.83)	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Equipment	618.83	119.00	(499.83)	520.03%
	Total Expenditures	477,894.80	347,973.00	(129,921.80)	137.34%
	Allocated Expenditures				
20100	Behavioral Science Exec	199,311.80	218,750.00	19,438.20	91.11%
30100	Data Center	312,288.29	274,443.04	(37,845.25)	113.79%
30200	Human Resources	12,044.03	18,210.02	6,165.99	66.14%
30300	Finance	106,704.79	98,176.21	(8,528.58)	108.69%
30400	Director's Office	48,536.17	39,100.21	(9,435.96)	124.13%
30500	Enforcement	267,751.90	183,618.63	(84,133.27)	145.82%
30600	Administrative Proceedings	67,218.93	53,276.14	(13,942.80)	126.17%
30700	Impaired Practitioners	81.84	336.22	254.38	24.34%
30800	Attorney General	8,197.34	9,991.56	1,794.22	82.04%
30900	Board of Health Professions	34,965.01	31,508.45	(3,456.55)	110.97%
31100	Maintenance and Repairs	16.19	4,390.85	4,374.66	0.37%
31300	Emp. Recognition Program	1,001.84	404.02	(597.83)	247.97%
31400	Conference Center	370.69	384.16	13.47	96.49%
31500	Pgm Devlpmnt & Implmntn	26,843.57	22,875.36	(3,968.21)	117.35%
	Total Allocated Expenditures	1,085,332.41	955,464.87	(129,867.54)	113.59%
	Net Revenue in Excess (Shortfall) of Expenditures	\$ 731,537.79	\$ 190,777.13	\$ (540,760.66)	383.45%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
4002400 Fee Revenue											
4002401	Application Fee	75,625.00	94,435.00	97,820.00	108,195.00	102,985.00	152,820.00	68,350.00	43,930.00	46,680.00	44,250.00
4002406	License & Renewal Fee	48,665.00	3,710.00	1,210.00	1,720.00	2,795.00	3,460.00	10,150.00	1,780.00	1,920.00	690.00
4002407	Dup. License Certificate Fee	150.00	285.00	155.00	250.00	130.00	245.00	150.00	155.00	125.00	140.00
4002409	Board Endorsement - Out	480.00	270.00	490.00	525.00	425.00	330.00	450.00	360.00	475.00	570.00
4002421	Monetary Penalty & Late Fees	6,845.00	1,335.00	355.00	450.00	245.00	45.00	310.00	440.00	240.00	185.00
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	35.00	-	-	-	35.00	35.00	35.00	35.00
	Total Fee Revenue	133,780.00	102,985.00	102,495.00	114,080.00	109,130.00	158,790.00	82,475.00	49,400.00	51,990.00	48,845.00
4003000 Sales of Prop. & Commodities											
4003020	Misc. Sales-Dishonored Payments	175.00	290.00	175.00	-	-	175.00	-	65.00	155.00	205.00
	Total Sales of Prop. & Commodities	175.00	290.00	175.00	-	-	175.00	-	65.00	155.00	205.00
	Total Revenue	133,955.00	103,275.00	102,670.00	114,080.00	109,130.00	158,965.00	82,475.00	49,465.00	52,145.00	49,050.00
5011000 Personal Services											
5011100 Employee Benefits											
5011110	Employer Retirement Contrib.	1,714.37	1,143.98	1,143.98	1,143.98	1,143.98	980.57	817.16	817.16	1,213.62	1,213.62
5011120	Fed Old-Age Ins- Sal St Emp	1,529.50	1,041.64	1,027.05	1,130.58	1,044.87	936.95	715.59	708.98	902.79	902.25
5011140	Group Insurance	210.06	140.04	140.04	140.04	140.04	118.68	97.32	97.32	138.80	138.80
5011150	Medical/Hospitalization Ins.	1,010.50	687.00	687.00	687.00	687.00	687.00	687.00	687.00	1,374.00	1,374.00
5011160	Retiree Medical/Hospitalizatn	188.15	125.08	125.08	125.08	125.08	106.00	86.92	86.92	123.96	123.96
5011170	Long term Disability Ins	101.56	66.28	66.28	66.28	66.28	56.17	46.06	46.06	65.70	65.70
	Total Employee Benefits	4,754.14	3,204.02	3,189.43	3,292.96	3,207.25	2,885.37	2,450.05	2,443.44	3,818.87	3,818.33
5011200 Salaries											
5011230	Salaries, Classified	16,035.75	10,690.50	10,690.50	10,690.50	10,690.50	9,341.97	7,428.84	7,428.84	10,595.50	10,595.50
5011250	Salaries, Overtime	4,138.66	3,038.28	2,847.47	4,200.96	3,080.36	3,300.76	2,042.25	1,956.04	1,460.50	1,453.67
	Total Salaries	20,174.41	13,728.78	13,537.97	14,891.46	13,770.86	12,642.73	9,471.09	9,384.88	12,056.00	12,049.17
5011340	Specified Per Diem Payment	250.00	50.00	150.00	50.00	650.00	150.00	100.00	50.00	500.00	-
5011380	Deferred Compnstrn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
	Total Special Payments	310.00	90.00	190.00	90.00	690.00	190.00	140.00	90.00	540.00	40.00
	Total Personal Services	25,690.59	17,324.16	17,218.76	18,575.78	17,969.47	15,962.38	12,248.34	12,105.52	16,633.73	16,126.36
5012000	Contractual Svcs										
5012100	Communication Services										
5012120	Outbound Freight Services	-	-	-	-	-	-	-	-	-	-
5012140	Postal Services	1,536.28	2,861.48	1,331.91	1,028.68	904.98	1,592.55	1,348.85	763.29	1,999.94	985.98
5012150	Printing Services	-	-	103.68	-	-	-	-	-	-	-
5012160	Telecommunications Svcs (VITA)	35.32	70.64	35.32	36.68	59.10	78.33	85.26	155.75	87.02	59.48
5012190	Inbound Freight Services	-	-	-	-	-	-	-	-	4.75	9.50
	Total Communication Services	1,571.60	2,932.12	1,479.58	1,065.36	964.08	1,670.88	1,434.11	919.04	2,091.71	1,054.96
5012200	Employee Development Services										
5012210	Organization Memberships	900.00	-	-	-	-	-	500.00	-	-	-
5012240	Employee Training/Workshop/Conf	-	-	-	-	-	-	-	-	-	450.00
	Total Employee Development Services	2,550.00	-	-	-	-	-	500.00	-	-	450.00
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	16,200.83	-	473.17	372.61	240.00	27.37	88.02	117.31	209.64	95.00
5012440	Management Services	-	44.12	-	31.78	-	30.11	-	14.43	-	8.29
	Total Mgmnt and Informational Svcs	16,212.83	251.12	493.17	416.39	252.00	61.48	92.02	147.74	223.64	123.29
5012500	Repair and Maintenance Svcs										
5012530	Equipment Repair & Maint Svc	-	-	-	-	993.43	(166.26)	(26.28)	17.86	-	-
	Total Repair and Maintenance Svcs	-	-	-	-	993.43	(166.26)	(26.28)	17.86	-	-
5012600	Support Services										
5012630	Clerical Services	14,759.00	17,033.40	10,857.60	6,234.00	21,553.60	13,687.40	25,918.40	16,011.60	18,530.00	19,780.00
5012640	Food & Dietary Services	199.60	109.25	978.65	-	599.95	207.37	143.80	448.40	98.55	-
5012660	Manual Labor Services	-	6.11	102.19	21.34	7.79	45.29	-	44.50	-	-
5012670	Production Services	-	113.35	444.65	110.45	50.85	252.05	84.10	300.31	302.10	-
5012680	Skilled Services	1,399.52	892.36	648.61	911.11	1,240.97	450.00	1,377.75	1,008.28	607.74	1,945.25
	Total Support Services	16,358.12	18,154.47	13,031.70	7,276.90	23,453.16	14,642.11	27,524.05	17,813.09	19,538.39	21,725.25

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	756.47	93.74	609.86	153.15	1,260.05	398.95	290.00	99.76	1,295.72	185.02
5012830	Travel, Public Carriers	-	688.40	-	38.32	78.00	-	34.13	-	-	-
5012850	Travel, Subsistence & Lodging	651.38	-	228.74	-	1,194.22	338.37	213.00	-	745.50	286.60
5012880	Trvl, Meal Reimb- Not Rprtble	244.50	-	96.25	-	411.75	142.00	100.75	-	343.50	74.00
	Total Transportation Services	1,652.35	782.14	934.85	191.47	2,944.02	879.32	637.88	99.76	2,384.72	545.62
	Total Contractual Svcs	38,344.90	22,119.85	15,939.30	8,950.12	28,606.69	17,087.53	30,161.78	18,997.49	24,238.46	23,899.12
5013000	Supplies And Materials										
5013100	Administrative Supplies										
5013120	Office Supplies	68.02	122.24	138.05	69.08	150.59	243.23	184.18	64.49	337.10	274.32
	Total Administrative Supplies	68.02	122.24	138.05	69.08	150.59	243.23	184.18	64.49	337.10	274.32
5013200	Energy Supplies										
5013230	Gasoline	-	-	-	33.83	-	-	18.94	-	-	-
	Total Energy Supplies	-	-	-	33.83	-	-	18.94	-	-	-
5013500	Repair and Maint. Supplies										
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	3.42	-	-	-
5013530	Electrcal Repair & Maint Matrl	-	-	-	-	-	-	-	0.98	-	-
	Total Repair and Maint. Supplies	-	-	-	-	-	-	3.42	0.98	-	-
5013600	Residential Supplies										
5013640	Laundry and Linen Supplies	-	-	-	-	-	-	-	3.87	-	6.43
5013650	Personal Care Supplies	-	-	-	-	-	-	-	-	-	-
	Total Residential Supplies	-	-	-	-	-	-	-	3.87	-	6.43
5013700	Specific Use Supplies										
5013730	Computer Operating Supplies	-	-	-	-	-	-	-	-	-	3.24
	Total Specific Use Supplies	-	-	-	-	-	-	-	-	-	3.24
	Total Supplies And Materials	68.02	122.24	138.05	102.91	150.59	243.23	206.54	69.34	337.10	283.99

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10900 - Counseling
For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
5015000	Continuous Charges										
5015100	Insurance-Fixed Assets										
5015160	Property Insurance	54.87	-	-	-	-	-	-	-	-	-
	Total Insurance-Fixed Assets	54.87	-	-	-	-	-	-	-	-	-
5015300	Operating Lease Payments										
5015340	Equipment Rentals	43.73	42.19	41.87	43.73	41.87	41.87	41.87	48.70	48.70	-
5015350	Building Rentals	-	22.80	-	-	22.80	-	-	22.80	-	-
5015390	Building Rentals - Non State	901.10	1,044.51	900.94	900.94	980.69	909.98	900.94	968.61	900.94	1,377.64
	Total Operating Lease Payments	944.83	1,109.50	942.81	944.67	1,045.36	951.85	942.81	1,040.11	949.64	1,377.64
5015500	Insurance-Operations										
5015510	General Liability Insurance	196.94	-	-	-	-	-	-	-	-	-
5015540	Surety Bonds	11.62	-	-	-	-	-	-	-	-	-
	Total Insurance-Operations	208.56	-	-	-	-	-	-	-	-	-
	Total Continuous Charges	1,208.26	1,109.50	942.81	944.67	1,045.36	951.85	942.81	1,040.11	949.64	1,377.64
5022000	Equipment										
5022710	Household Equipment	-	-	-	-	-	-	-	-	-	27.05
	Total Specific Use Equipment	-	-	-	-	-	-	-	-	-	27.05
	Total Equipment	-	431.00	-	-	-	-	-	-	-	27.05
	Total Expenditures	65,311.77	41,106.75	34,238.92	28,573.48	47,772.11	34,244.99	43,559.47	32,212.46	42,158.93	41,714.16
	Allocated Expenditures										
20100	Behavioral Science Exec	24,083.07	16,509.35	15,948.94	15,968.69	16,384.29	16,419.90	16,644.49	16,125.56	15,967.66	17,232.48
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aid	-	-	-	-	-	-	-	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April
20600	Funeral\LTCA\PT	-	-	-	-	-	-	-	-	-	-
30100	Data Center	36,939.81	22,604.31	22,671.33	33,652.58	9,823.21	25,671.24	25,850.38	38,117.30	24,359.20	26,570.31
30200	Human Resources	1,635.17	190.47	212.23	7,233.91	1,144.95	161.90	148.57	168.13	210.70	371.83
30300	Finance	9,716.19	7,911.82	7,708.93	7,658.35	8,869.67	8,494.67	10,743.53	8,990.29	9,925.71	9,726.77
30400	Director's Office	5,191.75	3,505.06	3,632.08	3,669.28	3,852.58	3,925.98	4,020.16	4,058.60	4,560.02	4,608.87
30500	Enforcement	22,855.76	17,393.62	18,205.76	18,573.58	18,337.22	18,861.53	23,659.05	25,697.84	26,895.04	30,317.87
30600	Administrative Proceedings	11,882.18	681.67	7,125.41	1,506.32	8,804.80	10,199.77	7,336.60	1,221.92	8,586.81	1,343.05
30700	Impaired Practitioners	-	-	-	-	-	-	-	-	-	46.08
30800	Attorney General	-	-	2,049.34	2,049.34	-	-	2,049.34	-	-	2,049.34
30900	Board of Health Professions	3,271.76	3,051.65	2,685.17	3,093.40	3,009.81	2,010.86	3,064.86	3,214.51	2,806.76	3,885.03
31000	SRTA	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	16.19	-	-
31300	Emp. Recognition Program	4.38	-	-	19.26	5.42	50.62	-	-	1.89	88.10
31400	Conference Center	13.23	44.46	21.83	13.36	32.07	8.77	160.15	27.85	17.31	8.41
31500	Pgm Devlpmt & Implmentn	3,766.40	2,284.84	2,731.04	2,114.85	2,837.65	2,043.42	1,747.15	1,794.87	1,780.57	2,043.91
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	119,359.68	74,177.24	82,992.05	95,552.93	73,101.67	87,848.67	95,424.27	99,433.06	95,111.68	98,292.05
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (50,716.45)	\$ (12,008.99)	\$ (14,560.97)	\$ (10,046.41)	\$ (11,743.78)	\$ 36,871.34	\$ (56,508.74)	\$ (82,180.52)	\$ (85,125.61)	\$ (90,956.21)

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
4002400	Fee Revenue			
4002401	Application Fee	50,095.00	48,455.00	933,640.00
4002406	License & Renewal Fee	435,825.00	795,770.00	1,307,695.00
4002407	Dup. License Certificate Fee	345.00	790.00	2,920.00
4002409	Board Endorsement - Out	510.00	420.00	5,305.00
4002421	Monetary Penalty & Late Fees	190.00	370.00	11,010.00
4002432	Misc. Fee (Bad Check Fee)	140.00	105.00	525.00
	Total Fee Revenue	<u>490,075.00</u>	<u>849,090.00</u>	2,293,135.00
4003000	Sales of Prop. & Commodities			
4003020	Misc. Sales-Dishonored Payments	265.00	125.00	1,630.00
	Total Sales of Prop. & Commodities	<u>265.00</u>	<u>125.00</u>	1,630.00
	Total Revenue	<u>490,340.00</u>	<u>849,215.00</u>	2,294,765.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,213.62	606.81	13,152.85
5011120	Fed Old-Age Ins- Sal St Emp	930.53	453.86	11,324.59
5011140	Group Insurance	138.80	69.40	1,569.34
5011150	Medical/Hospitalization Ins.	1,374.00	687.00	10,628.50
5011160	Retiree Medical/Hospitalizatn	123.96	61.98	1,402.17
5011170	Long term Disability Ins	65.70	32.85	744.92
	Total Employee Benefits	<u>3,846.61</u>	<u>1,911.90</u>	38,822.37
5011200	Salaries			
5011230	Salaries, Classified	10,595.50	5,297.75	120,081.65
5011250	Salaries, Overtime	1,806.34	737.50	30,062.79
	Total Salaries	<u>12,401.84</u>	<u>6,035.25</u>	150,144.44
5011340	Specified Per Diem Payment	-	450.00	2,400.00
5011380	Deferred Compnstn Match Pmts	40.00	20.00	480.00

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
	Total Special Payments	40.00	470.00	2,880.00
	Total Personal Services	16,507.31	8,526.58	194,888.98
5012000	Contractual Svcs			-
5012100	Communication Services			-
5012120	Outbound Freight Services	0.28	-	0.28
5012140	Postal Services	788.50	1,489.87	16,632.31
5012150	Printing Services	-	-	103.68
5012160	Telecommunications Svcs (VITA)	57.85	55.41	816.16
5012190	Inbound Freight Services	-	-	14.25
	Total Communication Services	846.63	1,545.28	17,575.35
5012200	Employee Development Services			
5012210	Organization Memberships	-	-	1,400.00
5012240	Employee Trainng/Workshop/Conf	-	1,550.00	2,000.00
	Total Employee Development Services	-	1,550.00	5,050.00
5012400	Mgmnt and Informational Svcs			
5012420	Fiscal Services	41.60	-	17,865.55
5012440	Management Services	-	14.04	142.77
	Total Mgmnt and Informational Svcs	49.60	20.04	18,343.32
5012500	Repair and Maintenance Svcs			
5012530	Equipment Repair & Maint Svc	-	-	818.75
	Total Repair and Maintenance Svcs	-	-	818.75
5012600	Support Services			
5012630	Clerical Services	17,245.00	13,168.20	194,778.20
5012640	Food & Dietary Services	-	372.30	3,157.87
5012660	Manual Labor Services	-	4.03	231.25
5012670	Production Services	108.40	89.30	1,855.56
5012680	Skilled Services	895.81	1,137.45	12,514.85
	Total Support Services	18,249.21	14,771.28	212,537.73

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	76.56	1,085.76	6,305.04
5012830	Travel, Public Carriers	34.13	-	872.98
5012850	Travel, Subsistence & Lodging	-	631.30	4,289.11
5012880	Trvl, Meal Reimb- Not Rprtble	-	291.75	1,704.50
	Total Transportation Services	<u>110.69</u>	<u>2,008.81</u>	13,171.63
	Total Contractual Svcs	19,256.13	19,895.41	267,496.78
5013000	Supplies And Materials			
5013100	Administrative Supplies			-
5013120	Office Supplies	215.41	132.83	1,999.54
	Total Administrative Supplies	<u>215.41</u>	<u>132.83</u>	1,999.54
5013200	Energy Supplies			
5013230	Gasoline	33.75	-	86.52
	Total Energy Supplies	<u>33.75</u>	<u>-</u>	86.52
5013500	Repair and Maint. Supplies			
5013520	Custodial Repair & Maint Matrl	-	0.45	3.87
5013530	Electrcal Repair & Maint Matrl	-	-	0.98
	Total Repair and Maint. Supplies	<u>-</u>	<u>0.45</u>	4.85
5013600	Residential Supplies			
5013640	Laundry and Linen Supplies	-	-	10.30
5013650	Personal Care Supplies	8.42	-	8.42
	Total Residential Supplies	<u>8.42</u>	<u>22.65</u>	41.37
5013700	Specific Use Supplies			
5013730	Computer Operating Supplies	-	48.96	52.20
	Total Specific Use Supplies	<u>-</u>	<u>48.96</u>	52.20
	Total Supplies And Materials	257.58	204.89	2,184.48

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			-
5015160	Property Insurance	-	-	54.87
	Total Insurance-Fixed Assets	-	-	54.87
5015300	Operating Lease Payments			
5015340	Equipment Rentals	97.40	97.40	589.33
5015350	Building Rentals	-	22.80	91.20
5015390	Building Rentals - Non State	1,050.83	924.65	11,761.77
	Total Operating Lease Payments	1,148.23	1,044.85	12,442.30
5015500	Insurance-Operations			
5015510	General Liability Insurance	-	-	196.94
5015540	Surety Bonds	-	-	11.62
	Total Insurance-Operations	-	-	208.56
	Total Continuous Charges	1,148.23	1,044.85	12,705.73
5022000	Equipment			
5022710	Household Equipment	4.78	-	31.83
	Total Specific Use Equipment	4.78	-	31.83
	Total Equipment	4.78	156.00	618.83
	Total Expenditures	37,174.03	29,827.73	477,894.80
	Allocated Expenditures			
20100	Behavioral Science Exec	17,495.32	10,532.09	199,311.80
20200	Opt/Vet-Med/ASLP Executive Dir	-	-	-
20400	Nursing / Nurse Aid	-	-	-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10900 - Counseling

For the Period Beginning July 1, 2018 and Ending June 30, 2019

Account Number	Account Description	May	June	Total
20600	Funeral\LTCA\PT	-	-	-
30100	Data Center	37,888.95	8,139.67	312,288.29
30200	Human Resources	458.50	107.68	12,044.03
30300	Finance	10,917.90	6,040.96	106,704.79
30400	Director's Office	4,775.37	2,736.40	48,536.17
30500	Enforcement	31,002.74	15,951.89	267,751.90
30600	Administrative Proceedings	2,521.48	6,008.90	67,218.93
30700	Impaired Practitioners	23.41	12.34	81.84
30800	Attorney General	-	-	8,197.34
30900	Board of Health Professions	3,439.35	1,431.86	34,965.01
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	16.19
31300	Emp. Recognition Program	655.65	176.51	1,001.84
31400	Conference Center	25.68	(2.42)	370.69
31500	Pgm Devlpmnt & Implimentn	2,259.64	1,439.22	26,843.57
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	<u>111,464.01</u>	<u>52,575.11</u>	<u>1,085,332.41</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ 341,701.96</u>	<u>\$ 766,812.16</u>	<u>731,537.79</u>

Discipline Report

Discipline Reports

05/17/2019 - 07/25/2019

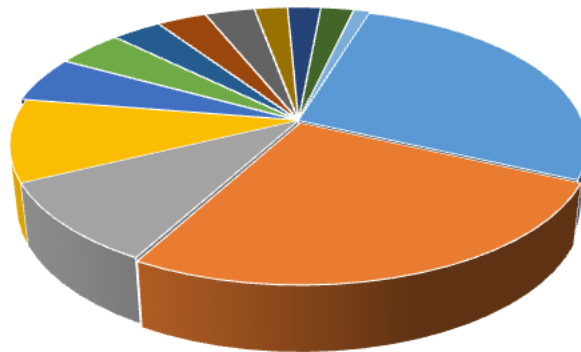
NEW CASES RECEIVED IN BOARD 05/17/2019 - 07/25/2019				
	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	46	26	33	105

OPEN CASES (as of 07/25/2019)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	29	27	51	107
Scheduled for Informal Conferences	7	2	1	10
Scheduled for Formal Hearings	0	1	0	1
Consent Orders (offered and pending)	3	0	0	3
Cases with APD for processing (IFC, FH, Consent Order)	32	9	3	44
TOTAL CASES AT BOARD LEVEL	71	39	55	165
OPEN INVESTIGATIONS	91	38	32	161
TOTAL OPEN CASES	162	77	87	326

UPCOMING CONFERENCES AND HEARINGS	
Informal Conferences	September 13, 2019 October 11, 2019
Formal Hearings	Following scheduled board meetings, as necessary

CASES CLOSED (05/17/2019 - 07/25/2019)	
Closed – no violation	66
Closed – undetermined	17
Closed – violation	5
Credentials/Reinstatement – Denied	1
Credentials/Reinstatement – Approved	3
TOTAL CASES CLOSED	92

Closed Case Categories



- No jurisdiction (27%)
- Diagnosis/Treatment (26%)
- Boundaries (10%)
- Abuse/Abandonment/Neglect (10%)
- Applications (6%)
- Scope of Practice (5%)
- Inability to Safely Practice (3%)
- Confidentiality Breach (3%)
- Fraud, Non-patient care (3%)
- Records Request (2%)
- Business Practice Issues (2%)
- Fraud, Patient care (2%)
- Unlicensed Activity (1%)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	247
Avg. time in Enforcement (investigations)	109.5
Avg. time in APD (IFC/FH preparation)	123.9
Avg. time in Board (includes hearings, reviews, etc).	133
Avg. time with board member (probable cause review)	10

Licensing Manager's Report

Board of Counseling Statistics – License, Certifications and Registrations Issued

License, Certification or Registration Type	License Issued May 2019	License Issued June 2019	License Issued July 2019
<i>Certified Substance Abuse Counselor</i>	13	17	13
<i>Licensed Marriage and Family Therapist</i>	10	7	3
<i>Licensed Professional Counselor</i>	75	72	80
<i>MF Therapist Resident</i>	10	14	12
<i>Post Graduate Trainee (ROS)</i>	187	208	197
<i>Qualified Mental Health Prof-Adult</i>	87	89	113
<i>Qualified Mental Health Prof-Child</i>	79	98	106
<i>Registered Peer Recovery Specialist</i>	12	7	10
<i>Rehabilitation Provider</i>	1	0	0
<i>Substance Abuse Counseling Assistant</i>	5	4	7
<i>Substance Abuse Trainee</i>	15	15	23
<i>Substance Abuse Treatment Practitioner</i>	3	1	8
<i>Substance Abuse Treatment Resident</i>	0	0	1
<i>Trainee for Qualified Mental Health Prof</i>	182	191	194
Total for Counseling	679	723	846

Board of Counseling Current Active Licenses, Certifications and Registrations as of July 31, 2019

Profession	Current Licenses
<i>Certified Substance Abuse Counselor</i>	1856
<i>Licensed Marriage and Family Therapist</i>	833
<i>Licensed Professional Counselor</i>	5726
<i>Marriage & Family Therapist Resident</i>	329
<i>Post Graduate Trainee (ROS)</i>	8847
<i>Qualified Mental Health Prof-Adult</i>	7118
<i>Qualified Mental Health Prof-Child</i>	6318
<i>Registered Peer Recovery Specialist</i>	237
<i>Rehabilitation Provider</i>	226
<i>Substance Abuse Counseling Assistant</i>	230
<i>Substance Abuse Trainee</i>	1867
<i>Substance Abuse Treatment Practitioner</i>	258
<i>Substance Abuse Treatment Residents</i>	6
<i>Trainee for Qualified Mental Health Prof</i>	2410
Total for Counseling	36,261