Virginia Department of Health Professions
Board of Counseling

Agenda

Full Board Meeting
April 19, 2024
10:00 a.m.
9960 Mayland Dr
2nd Floor, Board Room 2
Richmond, VA 23233

10:00 a.m. Call to Order – Gerard Lawson, PH.D., LPC, LSATP, Chair

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures……Page 3

Adoption 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.

Approval of Minutes

- February 2, 2024* Board Meeting Minutes ……Page 5

Agency Director Report (Verbal) – Arne Owens

Chair Report (Verbal) – Dr. Lawson

Legislative and Regulatory Report – Erin Barrett, JD, Department of Health Professions, Director of Legislative and Regulatory Affiars

- Regulatory Chart……Page 14
- Petition for Rulemaking*……Page 16
- Legislative Report……Page 58

Staff Reports

- Executive Director Report (Verbal Report) – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work (BSU)
- Discipline Report – Jennifer Lang, Deputy Director, BSU……Page 66
- Licensure Report – Charlotte Lenart, Deputy Director, BSU……,,Page 95

Next Meetings:

- Board Meeting: August 2, 2024

Meeting Adjournment

12:30 p.m. Formal Hearings

*Indicates a Board Vote is required.
**Indicates these items will be discussed within closed session.
This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

Virginia Department of Health Professions
Board of Counseling

MISSION STATEMENT

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

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

Virginia Department of Health Professions
Board of Counseling

Virginia Board of Counseling
DRAFT Full Board Meeting Minutes
Friday, February 2, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER:	Gerard Lawson, Ph.D., LPC, LSATP
BOARD MEMBERS PRESENT:	Benjamin Allison, Citizen Member Lester Paul Bernard, Ph.D., LPC Maria Stransky, LPC, CSAC, CSOTP Matthew Scott, LMFT Nakeisha Gordon, LPC Natalie Franklin, LPC, LMFT Terry R. Tinsley, Ph. D., LPC, LMFT, CSOTP Tiffinee Yancey, Ph.D., LPC
BOARD MEMBERS ABSENT:	Luanne Griffin, LPC
BOARD STAFF PRESENT:	Charlotte Lenart, Deputy Executive Director Dalyce Logan, Licensing Specialist Jaime Hoyle, JD, Executive Director Jennifer Lang, Deputy Executive Director
BOARD COUNSEL PRESENT:	James Rutkowski, Assistant Attorney General, Board Counsel
DHP STAFF PRESENT:	Arne Owens, Director, Department of Health Professions James Jenkins, Deputy Director, Department of Health Professions Matthew Novak, Policy Analyst, Department of Health Professions
PUBLIC ATTENDEES:	Denise Daly Konrad, Director of Strategic Initiatives, Virginia Health Care Foundation
CALL TO ORDER:	Dr. Lawson called the board meeting to order at 10:00 a.m.
ESTABLISHMENT OF A QUORUM:	With nine members present at roll call, a quorum was established.
MISSION STATEMENT:	Dr. Lawson read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Lawson also read the emergency egress instructions.
ADOPTION OF AGENDA:	Dr. Lawson informed Board members that the agenda will need to be amended to add recommended decisions and recognition of retiring staff. ***Motion:*** Mr. Allison moved, which was properly seconded by Ms. Franklin, to approve adding recommended decisions and recognition of retiring staff to the agenda. The motion passed unanimously.

PUBLIC COMMENT: No public comments.

APPROVAL OF MINUTES: ***Motion:*** Dr. Bernard moved, which was properly seconded by Dr. Yancey, to accept October 27, 2023 minutes as presented. The motion passed unanimously.

AGENCY DIRECTOR REPORT: Mr. Owens provided the following information:

- General Assembly is underway, and the Agency is tracking 95 bills that directly or indirectly affect the Agency.
- DHP submitted a concept paper and offered solutions to the address current issues related to increasing the workforce of mental health professionals.
- Workforce Authority bill will help Virginia broaden the workforce to bring those together in a collaborative fashion.

CHAIR REPORT: Dr. Lawson and Ms. Hoyle attended the American Association of State Counseling Boards (AASCB) meeting in Tucson, AZ earlier this year. He encouraged Board members to attend future meetings. Dr. Lawson was surprised that the meeting was focused on Artificial Intelligence (AI) and the Counseling Compact. Over 30 states have enacted legislation, and the Compact is expecting to start receiving applications for the privilege to practice sometimes this year.

Dr. Lawson informed Board members about the upcoming Counseling Regulatory Boards Annual Summit in June in Puerto Rico.

Dr. Lawson commented that there is a need for new committee members and committee chairs.

LEGISLATION & REGULATORY REPORT: Mr. Novak reviewed the Board of Counseling chart of regulatory actions. A copy of all the current regulatory actions was included in the agenda packet.

Mr. Novak reviewed the legislative report for bills currently moving through the General Assembly (attachment "A"). Mr. Novak discussed the new changes for SB 403.

STAFF REPORTS:

Executive Director Report

Ms. Hoyle highlighted the continued increase in the volume of applicants and discipline cases. Ms. Hoyle stated that when Ms. Lenart reports on implementation of the BOTs or Business Practice Review, it only touches the surface of what she does. Implementation is a success and a continued success because of Ms. Lenart's understanding of the processes and her understanding the details of the processes, and she is doubtful it would be successful with anyone else directing it. Ms. Hoyle appreciates Ms. Lenart's hard work.

Ms. Hoyle thanked Ms. Lang for her positivity and commitment in the face of a striking increase in cases for the three boards and knowledge that it is not a trend but a new reality. As the professions grow, so do the cases. Ms. Hoyle commended Ms. Lang's efficiency, level of detail, and ability to keep everything on track.

Ms. Hoyle also congratulated Brenda Maida on her retirement and thanked Brenda

for her work with the board. She stated that it was no coincidence that the turn around with the board's review process coincided with Brenda's employment with the board.

Ms. Hoyle discussed attending the American Association of State Counseling Boards (AASCB) conference along with Dr. Lawson and congratulated Dr. Lawson on being elected President of the AASCB. She noted that it is wonderful to have leadership at the national level. Ms. Hoyle indicated that she attended the administrator's forum and that the forum and subsequent networking conversations centered around implementation of the compact, particularly how boards will interface with the data system, how will the background checks work, and what fees jurisdictions will charge. We need to keep these ideas in mind as we move forward in preparation for implementation.

The conference also focused on Artificial Intelligence (AI). Dr. Tinsley requested that the Board create a workgroup or committee related to AI.

Ms. Hoyle shared some statistics regarding the number of applications received over the past 10 years for each profession and compared to the other boards within the unit.

Discipline Report

Ms. Lang referenced the discipline report included in the agenda. She further reported that in CY2023, the behavioral science boards (Counseling, Psychology, and Social Work) received 724 discipline cases, of which 440 were for the Board of Counseling. Since 2020, the Board of Counseling's discipline cases have increased by 41%. With pending licenses for Art Therapists, Art Therapy Associates, and Music Therapists (Board of Social Work), and any new credentials that may be passed in this year's General Assembly session, the volume of cases will continue to increase. For January 2024, the discipline staff received 73 new cases, a 78% increase for the same time frame in 2023.

<u>Staffing Update</u>

Ms. Lang advised the board that two additional Agency Subordinates, Johnston Brendel and Danielle Hunt, were contracted to hear discipline cases at informal conferences.

Ms. Lang thanked Christy Evans, Discipline Case Manager, for her hard work and dedication to the boards. Over the past year, Ms. Evans volunteered to take on new responsibilities that are over and beyond the duties listed in her Employee Work Profile. In addition to doing probable cause reviews, Ms. Evans now leads informal conferences for all three boards, allowing Ms. Lang more time to focus on formal hearings, board meetings, regulatory issues and other board and case matters. Ms. Lang is working to revamp Ms. Evans' role and will request a part-time staff person to assist Ms. Lang and Ms. Evans with the administrative tasks until a more permanent solution is available.

Licensing Report

Ms. Lenart referenced the licensing report on page 161 which indicates that the Board regulates over 39, 000 licensee, certificate holders and registrants.

Ms. Lenart indicated that Board staff is processing complete applications within a couple of days and currently cross training staff to increase efficiencies. Ms. Lenart

thanked her staff for their hard work and dedication.

Ms. Lenart indicated that she recently provided outreach to the Counseling Education Program staff at the University of Virginia.

The Board will be starting a business process review and will be taking an in-dept look at the licensing process, applications, forms, reports, and system.

Ms. Lenart recognized Ms. Maida for her hard work and dedication and wished her well on her retirement.

RECOMMENDATIONS DESISIONS: Attachment "B"

NEXT MEETING DATES: Dr. Lawson announced that the next Board meeting will occur on April 19, 2024.

ADJOURNMENT: Dr. Lawson adjourned the February 2, 2024, Board meeting at 11:33 p.m.

_____
Gerard Lawson, Ph.D., LPC, LSATP, Chairperson

_____
Jaime Hoyle, JD, Executive Director

ATTACHMENT A

HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.

Chief patron: Sullivan

Summary as introduced:
Department of Professional and Occupational Regulation; Department of Health Professions; certain suspensions not considered disciplinary action. Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

01/23/24 House: Reported from General Laws (21-Y 0-N)
01/23/24 House: Referred to Committee on Health and Human Services
01/30/24 House: Reported from Health and Human Services (22-Y 0-N)
02/01/24 House: Read first time

HB 329 Marriage & family therapists; Bd. of Counseling to amend regulations related to licensure.

Chief patron: Sickles

Summary as introduced:
Board of Counseling; licensure by endorsement for marriage and family therapists. Directs the Board of Counseling to amend its regulations related to the process for licensure by endorsement for marriage and family therapists. The bill removes requirements that applicants for licensure by endorsement provide evidence that they meet certain educational and experience requirements.

01/26/24 House: Read second time and engrossed
01/29/24 House: Read third time and passed House BLOCK VOTE (98-Y 0-N)
01/29/24 House: VOTE: Block Vote Passage (98-Y 0-N)
01/30/24 Senate: Constitutional reading dispensed
01/30/24 Senate: Referred to Committee on Education and Health

HB 426 Counseling, Board of; licensure of professional counselors without examination.

Chief patron: Cole

Summary as introduced:
Board of Counseling; licensure of professional counselors without examination. Allows the Board of Counseling to

issue a license to practice as a professional counselor without examination to an applicant seeking initial licensure or renewal of such license and who satisfies all other education, experience, and fitness to practice requirements set forth in regulation and who is qualified to practice professional counseling.

01/17/24 House: Assigned sub: Health Professions
02/01/24 House: House subcommittee amendments and substitutes offered
02/01/24 House: Subcommittee recommends reporting with substitute (5-Y 3-N)
02/01/24 House: Subcommittee recommends referring to Committee on Appropriations

HB 1289 Virginia Health Workforce Development Authority; health workforce development program.

Chief patron: Willett

Summary as introduced:
Virginia Health Workforce Development Authority; health workforce development program. Directs the Virginia Health Workforce Development Authority to establish a program to strengthen the health and health sciences workforce.

01/10/24 House: Prefiled and ordered printed; offered 01/10/24
01/10/24 House: Referred to Committee on Health and Human Services
01/23/24 House: Assigned sub: Health Professions

HB 1479 Health professions; universal licensure, requirements.

Chief patron: Price

Summary as introduced:
Health professions; universal licensure; requirements. Requires health regulatory boards within the Department of Health Professions to recognize licenses or certifications issued by other United States jurisdictions, as defined in the bill, as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill also requires such health regulatory boards to recognize work experience as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill does not apply to licensure for physicians or dentists.

01/19/24 House: Presented and ordered printed
01/19/24 House: Referred to Committee on Health and Human Services
01/23/24 House: Assigned sub: Health Professions

HB 1499 Virginia Health Workforce Development Authority; increases ex officio members, etc., report.

Chief patron: Willett

Summary as introduced:

Virginia Health Workforce Development Authority. Modifies the enabling legislation for the Virginia Health Workforce

Development Authority by adding four additional ex officio members to the Authority's Board of Directors, adding managing primary care graduate medical education programs and managing the Health Workforce Innovation Fund to the duties of the Authority, specifying additional recipients of the Board's biennial report, and authorizing the Authority to partner with other agencies and institutions to obtain and manage health workforce data.

The bill establishes the Virginia Health Workforce Innovation Fund to be administered by the Board of the Virginia Health Workforce Development Authority. The Board shall use the Fund to provide grants to facilitate regional collaboration on health care innovation and workforce development and, in particular, the formation of regional, employer-led partnerships that prioritize workforce growth and training. The bill provides for the formation across the Commonwealth of regional councils, defined in the bill, consisting of representatives from the government, health care, and education sectors. Under the bill, regional councils may submit applications for collaborative projects in their regions that enhance private-sector growth, competitiveness, and workforce development. A portion of the grant funds will be awarded on a population basis and a portion on a competitive basis.

The bill creates a work group to study the pharmacy technician profession, creates a work group to address health workforce shortages, establishes a program for health workforce development, directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs, and establishes a licensing procedure by the Board of Psychology for a psychological practitioner, as defined by the bill.

The bill directs the Board of Nursing to adopt emergency regulations to implement relevant provisions of the bill, directs the work group to study the pharmacy technician profession to submit its report to the Governor and the relevant committees of the General Assembly by November 1, 2024, and directs the work group to address health workforce shortages to submit its report to the Governor and the relevant committees of the General Assembly by October 1, 2025. The bill removes references to qualified mental health professionals with a delayed effective date of July 1, 2026.

01/19/24 House: Presented and ordered printed
01/19/24 House: Referred to Committee on Health and Human Services
01/23/24 House: Assigned sub: Health Professions

HB 1500 Behavioral health technicians and trainees; registration requirements for Board of Counseling.

Chief patron: Willett

Summary as introduced:
Board of Counseling; registration of behavioral health technicians and behavioral health technician trainees. Establishes requirements for the Board of Counseling to register individuals as behavioral health technicians or behavioral health technician trainees. The bill authorizes the Board to promulgate regulations for such registration, including necessary qualifications, education, and experience. The bill removes references to qualified mental health professionals with a delayed effective date of July 1, 2026.

01/19/24 House: Presented and ordered printed
01/19/24 House: Referred to Committee on Health and Human Services

01/23/24 House: Assigned sub: Health Professions
02/01/24 House: Subcommittee recommends striking from docket (8-Y 0-N)

SB 155 Virginia Health Workforce Development Authority.

Chief patron: Head

Summary as introduced:
Virginia Health Workforce Development Authority. Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority, directing changes to regulations regarding qualifications for nursing faculty and qualified mental health professionals, establishing a work group to address health workforce shortages, and creating a program for health workforce development. The bill directs the Board of Nursing and the Board of Counseling to adopt emergency regulations to implement relevant provisions of the bill and for the work group to submit its report to the Governor and the relevant committees of the General Assembly by October 1, 2025.

01/31/24 Senate: Senate committee, floor amendments and substitutes offered
01/31/24 Senate: Senate committee, floor amendments and substitutes offered
01/31/24 Senate: Reported from Finance and Appropriations with substitute (14-Y 0-N)
01/31/24 Senate: Committee substitute printed
02/01/24 Senate: Constitutional reading dispensed (40-Y 0-N)

SB 403 Behavioral health aides; scope of practice, supervision, and qualifications.

Chief patron: Durant

Summary:
Behavioral health aides; scope of practice, supervision, and qualifications. Adds behavioral health aides and behavioral health aide trainees to the professions governed by the Board of Counseling. The bill directs the Board of Counseling to adopt regulations governing the behavioral health aide and behavioral health aide trainee profession.

01/16/24 Senate: Assigned Education and Health Sub: Health Professions
01/26/24 Senate: Senate subcommittee amendments and substitutes offered
02/01/24 Senate: Senate committee, floor amendments and substitutes offered
02/01/24 Senate: Senate committee, floor amendments and substitutes offered
02/01/24 Senate: Reported from Education and Health with substitute (15-Y 0-N)

ATTACHMENT B

CONSIDERATION OF RECOMMENDED DECISIONS

BOARD MEMBERS IN ATTENDANCE:

Gerard Lawson, Ph.D., LPC, LSATP, Chairperson
L Paul Bernard, LPC
Nakeisha Gordon, LPC
Terry Tinsley, Ph.D., LPC, LMFT, CSOTP
Benjamin Allison, Citizen Member
Natalie Franklin, LPC, LMFT
Matthew Scott, LMFT
Tiffinee Yancey, Ph.D., LPC

CLOSED MEETING:

Dr. Tinsley moved that the Board of Counseling convene in closed session pursuant to §2.2-3711(A)(27) of the *Code of Virginia* to consider an agency subordinate recommendation. He further moved that James Rutkowski, Jaime Hoyle, Jennifer Lang, and Charlotte Lenart attend the closed meeting 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 passed unanimously.

RECOMMENDATION:

John Mead, QMHP-C Applicant
Case No.: 222501

Mr. Mead did not appear before the board and did not submit a written response. The board considered the agency subordinate's recommendation to deny John Mead's application for registration as a qualified mental health professional-child (QMHP-C).

RECONVENE:

Dr. Tinsley certified 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.

DECISION:

Dr. Tinsley made a motion to accept the recommendation of the agency subordinate in the application of John Mead. The motion was seconded and passed unanimously.

Board of Counseling
Current Regulatory Actions
As of April 10, 2024

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-90	Proposed	New chapter for licensure of art therapists	12/2/2021	Secretary 748 days	Licenses art therapists pursuant to General Assembly legislation.
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 554 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	Fast-Track	Regulatory reduction September 2022	9/21/2022	Secretary 481 days	Reduces unneeded regulatory requirements. Note: This regulatory action will be withdrawn after July 1 due to intervening legislation.
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	5/8/2023	Secretary 254 days	Implements the Counseling Compact.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20; 18VAC115-50; 18VAC115-60	Final	Changes resulting from periodic review	9/12/2022	OAG 567 days	Implements changes from 2018 periodic review. Note: This regulatory action will be withdrawn after July 1 due to intervening legislation.

Recently effective or awaiting publication

None.

Agenda Item: Consideration of petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received requesting to amend 18VAC115-20-52(C) to allow licensed clinical social workers to provide supervision to residents in professional counseling;

- Public comments received in response to the petition; and

- 18VAC115-20-52.

Staff Note: 20 comments were received in support of the petition. 64 comments were received in opposition. Three were unclear in their position.

Action needed:

- Motion to either:
    - Accept petition and institute rulemaking; OR
    - Take no action, providing explanation of why.

Virginia Department of
Health Professions
Board of Counseling

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(804) 767-6225 (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. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

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

Curry, Bernard N.

Street Address	Area Code and Telephone Number
1711 Church Street, Suite D	757-623-8985

City	State	Zip Code:
Norfolk	Virginia	2 3 5 0 4

Email Address (optional)
bncihccs@gmail.com

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.

Supervisory qualifications of the person who provides supervision for a resident in professional counseling. 18VAC115-20-52 I want the board to consider allowing LCSWs to provide supervision to those seeking the LPC credential.

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

I recently became aware of someone petitioning the Board of Social Work to approve LPCs to provide supervision to those with an MSW Degree. At one point LCSWs were able to provide at least one year of supervision and then that changed. The instructions explicity exclude LCSWs from providing supervision to anyone seeking the LPC credential. I hold the LCSW credential and my son recently acquired the LPC credential. He works for me. I am intimately aware of his journey to earning the credential along with the knowledge, skills, and abilities required. I oversaw and mentored him on the journey and helped him prepare for the LPC exam. I have also hosted grad students from Capella and ODU who were enrolled in graduate programs that would make them eligible to seek the LPC exam.

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.

Signature: Bernard Curry **Date:** 02/13/2024

Barrett, Erin (DHP)

From: Johnpenn@acamentalhealth.com
Sent: Wednesday, March 6, 2024 12:49 PM
To: policy (DHP); Jamie Hoyle
Subject: Re: From the Virginia Board of Counseling: notification of public comment period
Attachments: PPG notification Curry Feb 2024 pfr.pdf

Dear Virginia Board of Counseling,
I received the petition for rule making related to allowing LCSW's to provide supervision. In our history that was a thing when we lacked sufficient numbers of LPCs who could supervise. Now that we have the numbers of LPC supervisors to provide coverage this is not necessary. Having access to virtual supervision to cover rural/remote areas in Virginia makes it ever easier for us to supervise and train our own. We did a lot of research in reciprocity of supervision back in the mid 2000's and found that LCSWs verbalize and report that LPCs are not LCSWs and thus they disallow LPCs from supervising LCSWs. Because of the broad differences by definition, practice and codes of ethics, I do not support returning to this outdated practice.

Thank you,
John Penn Turner, LPC/NCC

Mental Health is ...

John Penn Turner, LPC/NCC

voice 434.978.3900
fax 434.978.3933

e-mail johnpenn@acamentalhealth.com

web www.acamentalhealth.com

In an emergency
DIAL 911

...Your State of Mind

Keep it green.... Don't print unless it is necessary!

> On Mar 6, 2024, at 12:27 PM, policy (DHP) <policy@dhp.virginia.gov> wrote:
>
> Good afternoon,
>
> Attached please find a public participation notice of a comment period for a petition for rulemaking filed with the Board of Counseling. Instructions for providing public comment are included in the notice.
>
> You are receiving this email because you signed up to be notified of Board of Counseling actions via the public participation list. If you no longer wish to receive these communications, please respond to this email with a request to remove your email address from the list.
>
> **DHP Policy Office**
> **9960 Mayland Drive**
> **Suite 300**
> **Henrico, Virginia 23233**

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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]**

87 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Charlotte Markva 3/11/24 7:15 pm

Public Comment related to LCSW supervising LPC residents

I was on the Board of Counseling when we decided to remove LCSW from the list of supervisors. The reason was that we were wanting to strengthen the professional identity of LPC's. The Board of Social Work did not have LPC's supervising social work residents for the same reason. When the LPC license started, social workers, nurses, etc were included on the list of supervisors because there were not enough LPC's to do the supervision, however, in the Commonwealth now there are several thousand LPC's. Maybe there should effort to try to get more LPC's to supervise. This was the same reason that the board was looking at the credentials of professors that were teaching students in the Master of Counseling programs. The whole idea was to develop a distinct professional identity that is different from social worker and psychologists. I am glad to see that the Board of Psychology is finally exploring having a master level license because this was a huge problem a decade ago, having MA in Psychology trying to become LPC's. I was glad when the change was made 10 years ago to remove LCSW's from the list of supervisors and I think it should continue now.

CommentID: **222274**

Commenter: Brad Carmichael 3/12/24 3:15 pm

Support for Petition

I completed my clinical training and residency in Virginia and wish to voice my support for the current petition. I believe there are an overabundance of benefits to making this change in the rules given the need for clinical mental health professionals and relevant training opportunities across disciplines. There is a great deal of overlap among the licensed mental health professions and the differences become even less pronounced once individuals enter formal post-degree practice. In fact, I believe the mental health professional is only strengthened when training, consultation, and supervision occur across professional parties. It is this level of us-them mentality that has created power struggles between professions for far too long (The APA lobbying against the NASW lobbying against the ACA, etc). The most recent approval of LPCs to accept Medicare is an indication that we are moving away from outdated license-specific lobbying efforts in the government and toward creating more ways for the general public to access care. While this specific petition is about supervision and not insurance reimbursement, I believe doing away with such unnecessary rules at this level in the clinical training sets up new professionals to have a

more impactful multidisciplinary approach to mental health care. I do not believe it is under the purview of the board to ensure that counselors are being supervised by counselors for the purposes of "professional identity development." Such advocacy efforts should be left up to organizations such as the American Counseling Association which can help counselors connect with counselors, and, more importantly, assist those counselors in better serving those who need our help.
CommentID: **222284**

Commenter: Suzan Thompson

3/12/24 6:05 pm

Reject this proposal

LPCs supervise Residents in Counseling as a means to support and protect the unique identity of the profession. Neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise psychologists or social work residents for the same reason. As a previous commenter noted, “When the LPC license started, social workers, nurses, etc were included on the list of supervisors because there were not enough LPC's to do the supervision, however, **in the Commonwealth now there are several thousand LPC's**.” Counseling programs are completely separate from social work and psychology programs and while each of these professions borrows theories from the others, we each also have distinct professional identities. If there is a need for more supervisors, then there should be education offered to existing LPCs about the benefits of becoming trained to supervise and in providing supervision.

CommentID: **222285**

Commenter: Justin Sheets

3/12/24 6:11 pm

Support for petition with reservations

I am writing to express my support for the petition, however, I do have some concerns. While I agree that having more options for supervision and differing counseling backgrounds from which to draw clinical guidance from is needed, my expectation is that there would be reciprocity between the board of social work with regard to their supervisor requirements as well. As an LPC, I think this is a generally positive step to expanding opportunities for our residents to gain experience, but i hope that it’s not at the expense of finding ways to encourage current LPC’s to become supervisors and strengthening our professional identity through a robust and engaged Board of Counseling.

CommentID: **222286**

Commenter: Christine Reid

3/12/24 6:19 pm

Support for expanding the supervision options for securing the LPC credential

Candidates for licensure as licensed professional counselors should have supervision options expanded beyond just other licensed professional counselors. Both licensed clinical social workers and clinical psychologists should be able to provide appropriate supervision.

CommentID: **222287**

Commenter: Anonymous

3/12/24 8:42 pm

Supervision Options

Supervision options for candidates aspiring to be licensed professional counselors should be expanded beyond the scope of licensed professional counselors alone. Both licensed clinical social workers and clinical psychologists should be able to provide appropriate supervision. This would allow for a diverse range of professional perspectives and knowledge bases to be incorporated into the supervision process, promoting a more well-rounded approach to counseling education and training.

CommentID: **222288**

Commenter: Anonymous 3/12/24 8:47 pm

Supervision

Supervision options for candidates aspiring to be licensed professional counselors should be expanded beyond the scope of licensed professional counselors alone. Both licensed clinical social workers and clinical psychologists should be able to provide appropriate supervision. This would allow for a diverse range of professional perspectives and knowledge bases to be incorporated into the supervision process, promoting a more well-rounded approach to counseling education and training. Our communities need more professionals who can provide supervision, and this would help address that gap.

CommentID: **222289**

Commenter: William Moncure, M.A. in Clinical Counseling; Doctoral Student 3/12/24 9:33 pm

Support - Improve Reciprocity, Embrace Interprofessionalism, Consider Options for Implementation

I want to start off by stating that I know, and have worked with, a number of extremely talented Clinical Social Workers. My experience with them began as I was completing my Internship during my Master's degree in Counseling. I learned a ton from them, including things about case management that I believe I would not have had a chance to learn otherwise. They were all well qualified, as all LCSWs must have 60+ hour Master’s degrees, pass a licensure exam, and have years of post-degree experience in order to become licensed.

Some commenters here may express that LCSW supervision is not “needed” because there are enough LPCs to supervise all LPC Residents in Virginia. Personally, I do not see this argument as convincing for two reasons: First, I am unconvinced that all LPC Residents are able to find supervision so easily. There are rural areas of Virginia where there are not many LPCs, but perhaps there is an LCSW in the area. Even with online supervision, not everyone wants to be supervised online from someone outside of the practice where they work. Personally I would rather be supervised in person by an LCSW I work with than an LPC halfway across the state on Zoom. If you feel differently feel free to make that choice for yourself, but it should be a choice. Second, even when there are LPCs who can provide supervision, there may be LCSWs who have special training that a Resident is interested in. Counseling claims case management as part of our scope of practice, and who better to learn it from than an LCSW? Perhaps you want to learn TF-CBT, EMDR, or some other specific modality and there just happens to be an LCSW in your area who specializes in that. Why not allow a Resident to pursue their career with that training if they want? I do not see this matter as a question about whether supervision by Social Workers is “needed” - I think it can be desirable in certain circumstances.

In an era where different mental health disciplines are working on compacts to work across state lines, trying to improve access to mental healthcare, and trying to increase the number of educational programs producing our graduates, I think it is crucial to acknowledge that the Board's recent decision to stop allowing hours supervised by LCSWs to count towards licensure has impaired licensure portability. There are many cases of individuals, who are licensed as

Counselors in other states, lamenting online that none of their supervised hours in their home state were accepted by our Board due to their hours having been supervised by an LCSW. These are fully licensed individuals who have been practicing in their home states for years (where these hours were accepted) who moved to Virginia wanting to serve our population's mental healthcare needs. Yet, they have to start over.

On a similar note I believe it was only in 2019 that the Board decided to stop allowing LCSWs to supervise Residents in Counseling in Virginia. Are we to believe that all of the Counselors supervised by LCSWs before 2019 were somehow not properly trained, or lacked an identity? Many of those Counselors practice competently today.

On the subject of Counselor Identity, I would point out that Virginia already requires appropriate Counseling coursework to have been completed for Licensure, as well as a Master's degree, and adherence to the regulations of this Board. This protects Counseling's identity, licensure status, and scope of practice. Residents in Counseling who are supervised by LCSWs will still be LPCs with appropriate Master's degrees who have to adhere to the rules of our profession.

I encourage other Counselors, and the Board of Counseling, to consider several options and compromises for how this measure might be implemented. For example, many states allow Residents in Counseling to receive at least a portion of their hours under supervision of a Social Worker. Although I see no issue with allowing LCSWs to supervise in general, we could at least allow up to half of a Resident in Counseling's hours to be under the supervision of an LCSW. In addition, the Board might consider limiting LCSW supervision of Residents in Counseling to only those LCSWs who have a certain amount of experience - for example a Doctoral degree in their field, or three years post-licensure experience. That's just an example, but would ensure they have far more experience in practice than the Resident they would be supervising.

Finally, I understand the desire for the Board of Social Work to reciprocate and allow their own supervisees to be supervised by LPCs. I agree, and even commented on a similar petition to their Board saying I felt LPCs should be able to supervise Social Workers who are accruing hours towards their license. I also feel that, when the Board of Psychology begins to have Master's-level practitioners, they should also be able to be supervised by LPCs and LCSWs, and I have contacted legislators to that effect. However, even if these other disciplines do not comply with these wishes, I do not think the answer is to take our ball and go home in reaction, denying our Residents the opportunity to be supervised by an LCSW if they so wish. Instead, allow LCSWs to provide *at least* some supervision for LPC Residents, and continue reaching out to these other professions in good faith. Advocate for interprofessionalism instead of reacting and driving our disciplines apart. In the midst of an opioid epidemic, a mental health crisis, and rising political division our clients need us to work together and do the right thing. Thank you for considering my thoughts.

CommentID: **222290**

Commenter: Olivia

3/12/24 11:16 pm

Supervision options

The range of supervision options for aspiring licensed professional counselors should extend beyond solely licensed professional counselors. Both licensed clinical social workers and clinical psychologists should be eligible to provide supervision, facilitating a diverse array of professional perspectives and knowledge bases. This broader approach to supervision would enhance counseling education and training by incorporating a wider spectrum of expertise.

CommentID: **222292**

Commenter: Lindsay

3/13/24 6:41 am

Support expansion of eligible supervisors

I am writing to support the expansion of professionals who are able to supervise prospective LPCs to inclusion LCSWs.

CommentID: **222293**

Commenter: Eileen Barnett 3/13/24 9:08 am

Support for LCSW Supervision

I am writing to support the expansion of Licensed Clinical Social Workers to provide clinical supervision to counseling residents.

Several of the other comments on this petition explain that The Board of Counseling originally excluded LCSW's due to wanting to keep professional counseling as a separate professional identity.

I would urge The Board to carefully consider this question: What is more important now in 2024? Is it more important that Professional Counselors work towards setting ourselves apart as a profession, as it was in the past? Or should we open up the path for more supervisor options so residents will encounter less barriers when attempting to get licensed in Virginia, a state that already has notoriously rigorous licensing standards?

While there are certainly more LPC supervisors now, counseling residency in Virginia is still made exponentially more difficult because of the supervisory limitations that are currently in place. In a time where competent mental health professionals are needed more than ever, consider how these roadblocks to LPC licensure impact not only residents but our communities at large.

CommentID: **222294**

Commenter: Bridget 3/13/24 9:05 pm

Support for Expanded Supervision Options

LPCs and LCSWs share most theories, philosophies, ethics, and best practices, and they share many careers and workplaces. Allowing an LCSW to supervise an LPC resident and vice versa would greatly expand collaboration between the professions and the professional options for these two greatly short staffed professions.

CommentID: **222304**

Commenter: Erin Guthrie, LPC, RN 3/13/24 11:00 pm

absolutely not

If we are going to have LCSWs supervise residents in counseling, why don't we just nix the LPC track and have us all become LCSWs? I understand in the past RNs and LCSWs were able to supervise residents in counseling. as an RN who is fully aware of the lack of mental health education in nursing school, this is horrifying. LCSWs are a wonderful and needed part of the mental health system, as a jack-of-all-trades. LPCs are the only license that focuses solely on counseling. There are thousands of licensed counselors in the state of Virginia. Why do we not instead incentivize LPCs to become supervisors? I have supervised residents before and it is a hefty undertaking, with minimal-to-no support from the board. I have asked clarifying questions via email before regarding my role, and gotten vague and unhelpful responses in return. Residents are working under my license, I am dedicating time each week to supervision, and while I did it because my job at the time asked me to, there was little I got in return except personal satisfaction

in helping my residents to get their hours and increase their knowledge. Why not subsidize stipends for LPC supervisors, so that residents do not have to pay? Provide a more formalized (but optional) free supervision workbook that can be utilized? There are plenty of other alternatives besides letting a completely different degree/license supervise LPC residents.
CommentID: **222305**

Commenter: MICHAEL T GREELIS PhD LPC, LMFT, Approved Clinical Supervisor

3/15/24 1:52 am

Support broader supervision options

I believe the following is excellent except the date limitation and the exclusion of psychiatrists as an option. If other disciplines don't allow LPC.LMFT supervision, that's their limitation. It doesn't have to be ours.
Current Code: "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."

CommentID: **222312**

Commenter: Anonymous

3/16/24 12:13 pm

Supervision

I am in support of allowing other licensed clinical providers to supervise LPC. Supervision should be expanded beyond the practice of licensed professional counselors alone. LPC has a defined professional identity that has not been hindered in the past by LCSW's providing supervision. In some areas there are more available LCSW professionals than LPC and persons suffer when they cannot get supervision or have to go a greater distance to receive supervision. Even at some state agencies you have more LCSW than LPC and that hinders and is time consuming with persons being able to get supervision in a timely manner. This would also allow for a diverse range of professional perspectives and knowledge bases to be incorporated into the supervision process. This promotes a well-rounded approach to counseling education and training. We need more professionals and that should be the goal.

CommentID: **222318**

Commenter: Demetre Curry

3/17/24 11:01 pm

Knowledge gained under LCSW

I am a recent LPC licensee. During my residency period I worked under the additional tutelage of an LCSW while also being supervised by my assigned LPC supervisor. I feel I gained valuable knowledge by being able to discuss things with the LCSW provider. The two credentials share similarities, and one would wonder why the opportunity for valuable insight, additional perspectives, and shared growth would be actively stunted. The various mental health field credentials seem to be engaged in a tit for tat spat of trying to slight one another or hinder the progression of candidates in one credential over another. More supervisors offer more opportunities for learning and professional growth. I can't see a downside to this potential.

CommentID: **222320**

Commenter: Natasha Curry, LCSW

3/18/24 10:01 am

Supervision for eligible candidates

I am in agreement with Dr. Curry's petition. Both licensed individuals should be able to provide the required hours of supervision whether it is supervising someone who is working towards their LPC or LCSW. This should not be about semantics. This issue should be about providing knowledge and guidance to individuals that want to make a change in their community. There is a shortage of competent clinicians as it is, I have patients complaining that they have had to wait up to six months to be seen due to the shortage of providers in the area. Again, this topic shouldn't have to be about which license is more valuable or not. The goal is to help and if that allows providers of different backgrounds to become licensed in a timely manner so that they can then help the community should this really be an issue?

CommentID: **222321**

Commenter: R.C. Berry, LCSW, CSAC, ADS

3/18/24 5:23 pm

Licensing supervision

Allowing LCSWs to supervise LPC licensing candidates can foster greater collaboration between the behavioral health disciplines.

CommentID: **222323**

Commenter: Johnston M Brendel

3/19/24 12:27 pm

LCSW supervisors are NOT under the purview of the Board of Counseling

In order to protect vulnerable citizens, it's imperative that counselors-in-training be supervised by licensed professionals that fall under the auspices of the Board of Counseling. Certainly, exposure to other branches of the mental health field is beneficial to the Resident in Counseling but those other licensees (social work, psychology, medical doctors, nurses, etd) report to their own respective Boards. If the Board of Counseling is to provide oversight in the process of licensing of Counselors, it needs to have authority over supervisors of those Counselors. The day may come when all the mental health specialties merge under one Board but that's not the state of things now.

CommentID: **222327**

Commenter: Calvin

3/21/24 9:39 am

Residency

First of all, thanks for considering the changes for residency. The Boards proposal would prevent burnout and compassion fatigue if the residency hours were reduced to 3000; 1500 face to face. Kindly

CommentID: **222331**

Commenter: Stephanie Dailey

3/21/24 5:24 pm

Supervision Requirements for Counseling Residents

Counselors-in-training must receive supervision from professionals within their own respective field to maintain fidelity to disciplinary standards and practices for which they are seeking licensure. The ethical requirement under our professional code of ethics, which the VA Board of Counseling adopted in 2010, mandates gatekeeping and remediation for supervisors and counselor educators (ACA Code of Ethics, 2014, F.6.b.). While other related helping professions (e.g., social work) do not include this mandate within their ethical guidelines, they do refrain from authorizing LPCs to supervise residents. Allowing cross-disciplinary supervision risks diluting this distinct ethical guideline and counselor identity, potentially affecting the competency and preparedness of aspiring counselors. Additionally, intermixing supervision across disparate disciplines could lead to confusion regarding ethical standards, potentially jeopardizing client welfare. Therefore, to safeguard the quality of counseling training in Virginia, maintaining supervision requirements specific to the counseling profession is imperative to ensure our professional standards and counseling ethics are maintained and to protect future clients with whom these aspiring counselors will independently work in the future.

CommentID: **222333**

Commenter: Dr. Cynthia Doney, Liberty University

3/21/24 9:52 pm

Maintain specialized supervision

As every branch of the Behavioral Sciences is specialized, it is vital that supervision of Residents who are seeking to obtain a Professional Counselor license, remain with Licensed Professional Counselor Supervisors during their residency.

While an LPC and LPSW may have things in common, they are distinctively different in methods as well as populations served. Please do not alter the current guidelines which require each profession to supervise and guide their own Residents.

Respectfully,

Dr. Cynthia Doney

CommentID: **222334**

Commenter: Liberty Univ.

3/22/24 8:11 am

SW supervision of LPC is contrary to Counseling Compact

Because other states require that LPCs be supervised by LPCs who hold specific qualifications, as set forth in states' licensing rules/codes, how might VA's change of this license rule have a detrimental effect on the soon-opening Counseling Compact?

CommentID: **222335**

Commenter: Stephanie Rutledge

3/22/24 10:01 am

Residency Supervision Requirements

Residency supervision is a critical time for counselor identity development. A large part of the supervision process involves mentoring and conversations around advocacy and professional roles. For this reason, it is important that the mentor in the relationship share the same professional identity. While I value interdisciplinary collaboration very much, that will inevitably

happen on treatment teams and in the work place. Those conversations will be useful - and having a supervisor from the same discipline to discuss them with is the best case scenario. Psychology and Social Work do not allow Counselors to supervise entry level professionals for these same reasons.

It is not a sign of anything beyond a desire for these young professionals to be clear about who they are as a part of a distinct profession. Being clear about professional identity allows us to bring our different strengths and skills together as working professionals.

There is a reason why we are distinct professions with different requirements for training and licensure.
CommentID: **222336**

Commenter: Paul, LPC

3/22/24 12:45 pm

In opposition toward this amendment

It is not apparent how this amendment is to the benefit of the counseling profession. This change would allow individuals who have not had the same educational preparation (such as those outlined by CACREP standards), who do not adhere to the same Code of Ethics, who share a different professional identity, and are governed by a different board to supervise emerging counselors during a period where they receive some of their earliest and most practical experiences. Their supervision should be done by experienced counselors as that is what residents-in-counseling are preparing to be.

If the concern is a lack of LPC supervisors for residents-in-counseling, this amendment only seems to further desensitize individuals from pursuing a career in supervision through counseling as they could now do that as an LCSW.

The observable fact that comments on the parallel petition regarding LPCs to be allowed to supervise social workers (linked below) express near universal opposition should provide further evidence that LCSWs see themselves as distinct from LPCs, and that this change serves to benefit LCSW supervisors at the expense of the counseling profession.
https://www.townhall.virginia.gov/L/Comments.cfm?petitionid=402

CommentID: **222337**

Commenter: Cinda Caiella, LMFT

3/22/24 3:45 pm

Clinical Licensure Supervision of LPC Residents by LCSW'a

The Board of Counseling has worked diligently to define the LPC as a profession. This includes overseeing clinical supervision for licensure. Previous regulations eliminated the practice that allowed other licensed professionals to supervise LPCs, to maintain the identity, relevance, and quality of supervision. As an LMFT, I supervise LPC and LMFT Residents for licensure. Even so, I can provide only half of the hours an LPC needs for licensure. This ensures the integrity of the supervision and the profession. I would object strongly to LCSWs supervising any LMFT Residents, as it also a singular, distinct profession. I object strongly to this proposal.

CommentID: **222339**

Commenter: Dr. Bryce Hagedorn

3/22/24 8:32 pm

A really bad idea for the profession

The various helping professions each have their scope of practice (not to mention philosophies, approaches, regulatory and accreditation boards, etc.) and thus warrant supervision solely by those within their own profession. Should social workers gain supervisory rights over professional counselors, would the reciprocal be similar (professional counselors supervising social workers)? And then we could loop psychologists and psychiatrists into the mix and allow all helping professions to supervise one another…It's a really bad idea for any and all of the helping professions.

CommentID: **222340**

Commenter: Dr. Suzanne Dugger 3/23/24 11:47 am

Reject this proposal

This proposed amendment should be rejected because these are distinct professions involving different theoretical bases and different intervention strategies. An examination of required training will clearly reveal this. For details about how drastically different the training requirements are, see pages 7-9 of the accreditation requirements for social workers at https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf and see pages 12-22 of the accreditation requirements for clinical mental health counselors at https://www.cacrep.org/wp-content/uploads/2023/06/2024-Standards-Combined-Version-6.27.23.pdf.

CommentID: **222342**

Commenter: Aimee Brickner, Ph.D, LPC 3/25/24 12:10 pm

REJECT this proposal

One of the challenges of the Counseling profession has been to establish a strong professional identity. The profession took a huge step towards that goal by limiting supervision hours for licensure to only LPCs. Allowing this proposal to pass would set the profession back in a way that would be difficult to ever recover from.

For folx arguing that we need to be interdisciplinary--NO WE DON'T! At least not in this area as we would be shooting our professional identity in the foot. There is nothing that precludes interdisciplinary work in the mental health profession, it's just that supervision hours can't count towards licensure. That's a rule that the LCSWs and LCP follow, so what's good for the goose must also be good for the gander.

I do NOT support this proposed legislation.

CommentID: **222352**

Commenter: William Moncure, M.A., Doctoral Student 3/25/24 1:14 pm

Re: Counseling Compact, No Contradiction

I noticed another commenter here claiming that "SW Supervision of LPC" would contradict the Counseling Compact. As such, I decided to actually reach out to the Executive Director of the Counseling Compact Commission to ask for clarity about this issue. Although I do not want to get into a back and forth in these comments, I think that this information is relevant for others to know so I wanted to share it. Although I can not attach a picture of that email here, I do have permission to share the information.

The Executive Director confirmed that the Counseling Compact has no rule against individuals in other professions being able to supervise Counselors towards licensure as long as it is allowed by the state they are licensed in. He also noted that it is common practice in many states to allow for at least some supervision to be provided by professionals in other disciplines. The text of the email was as follows:

"William,

Thanks for your question.

There is nothing in the compact language or rules that forbid a counselor from having their supervision provided by someone other than an LPC/LCMH. The Rules on supervision experience have not been finalized, but many states allow other professionals to provide that supervision and the Rules Committee will take that into account as they create the Rules."

I am also happy to forward this email to the Board if that would be helpful.
CommentID: **222353**

Commenter: anonymous counselor educator

3/25/24 1:36 pm

Access to high quality supervision is critical for workforce development

Accessing high quality supervision in residency continues to be challenging for LPC residents.

Allowing for a percentage of supervised hours to be done by closely-related interdisciplinary professionals may increase access, therefore expanding workforce development across the commonwealth. An increase in well-trained LPCs in the commonwealth benefits all stakeholders.

If LPC residents could seek supervision from LCSW's for, say, 25% of their total supervised hours, that would greatly help facilitate the number of residents able to earn their LPC's in a reasonable amount of time. This would be 50 hours of supervision out of the total 200 required for residency.

I would also suggest that reciprocity should be allowed and LPCs should be able to supervisor LCSWs for a portion of their necessary hours.

The benefits would be increased access to supervisors and perhaps a less logistical barriers to obtaining a license.

Perhaps we also need to focus on the quality of supervision being offered as well. Supervision from a poorly trained supervisor is detrimental, regardless of the specific type of license. Conversely, supervision from a person providing high quality supervision reduces burnout, promotes ethical practice, and elevates effective clinical treatment.

If this motion were to pass, it might be also important for the Board to expect LCSW's to have the same 20 hours of supervision training as LPCs. (right now that total is only 14).

As a field, we should consider – how do we promote access through more available supervisors offering high quality supervision??
CommentID: **222354**

Commenter: Jenna

3/25/24 1:51 pm

Support expanded supervision options

More options for clinical supervision is a good thing -- we have a severe shortage of mental health professionals in this state.

CommentID: **222355**

Commenter: Chi Sigma Iota

3/26/24 8:40 am

The Chi Sigma Iota Executive Council Strongly Opposes the Proposed Amendment

Dear Virginia State Board of Counseling:

On behalf of Chi Sigma Iota Counseling Academic & Professional Honor Society International (CSI), we are writing to you to express our views on the proposed amendment to requirements for supervisors to include licensed clinical social workers. As the international honor society for professional counselors, many of our members are current or future Licensed Professional Counselors (LPCs), and we are dedicated to preserving the professional counselor identity of LPCs. CSI has 19 chapters in the state of Virginia.

CSI **strongly opposes** this proposed amendment. Only professional counselors should supervise counselors-in-training because this is critical to protecting the unique identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCs should be supervised by experienced members of their own profession.

If you have any questions or would like to discuss this matter in detail with LPCs practicing in Virginia, we encourage you to reach out to CSI's CEO Dr. Holly Hartwig Moorhead at holly.moorhead@csi-net.org.

Sincerely,

The Chi Sigma Iota Executive Council

The Chi Sigma Iota Leadership & Professional Advocacy Committee

CommentID: **222358**

Commenter: JR

3/26/24 5:34 pm

Concerns from an Upcoming LPC

Although I could understand the argument that allowing LCSWs to supervise counseling residents could help address a shortage of mental health professionals and expedite resident licensure, I think it is crucial that we weigh the potential benefits against the concerns raised by current and upcoming LPCs, like myself.

First of all, there is a list of discrepancies between the scope of practice for LCSWs and LPCs. While they both provide mental health services, their specific training and professional focus lead to key differences in what their scope of practice ultimately looks like. LCSWs take on a broader social-ecological approach, considering the impact of a client's environment on their mental health, such as their family, community, and social systems. With that being said, their training/education emphasizes social justice advocacy, policy analysis, and macro-level interventions, such as program development or community outreach. They may also be trained in case management to connect clients with resources and services. Although they can provide individual, group, and family therapy, their approach often integrates social and environmental factors into the treatment plan, which may lead to more frequent implementation of brief interventions.

While there can be some overlap in the work of LCSWs and LPCs, the distinctions in their training and focus can lead to major differences in their approach to client care. LPCs utilize a much more individualized focus on mental health assessment, diagnosis, and treatment plan, using various therapeutic techniques. LPC programs explore counseling theories and techniques in-depth, such as cognitive-behavioral therapy (CBT) and mindfulness. LPCs primarily provide individual, group, and family therapy while focusing on helping the clients develop personalized coping mechanisms, approaches for managing symptoms connected with mental health disorders, and ways to generally improve emotional well-being.
Additionally, due to the differences in their education and training, an LCSW supervisor may not be able to provide the same level of expertise and guidance in specific counseling techniques that an LPC supervisor could. For example, social workers tend to deal less with how clients came to be in their present situation and focus more on how to resolve current issues in order to ensure future success. On the other hand, counselors tend to incorporate how past events and experiences have influenced current thought and behavioral patterns. LPCs are more likely to be qualified to oversee and guide counseling residents in developing the appropriate competencies required for professional counseling licensure. It is also important to consider how allowing LCSWs to supervise counseling residents, limits the opportunity of doing so for LPCs, specifically limiting potential income and supervisory experience.

As mentioned previously, there are understandable arguments for allowing LCSWs to provide supervision for counseling residents. However, I would seriously consider how the minor benefits of doing so weigh against the serious concerns raised by LPCs.
CommentID: **222376**

Commenter: KL

3/26/24 8:42 pm

Proposal Rejection

As a current student working towards licensure and completing a master's program in Clinical Mental health, it is evident there are differences in educational focus and training between clinical mental health and social work. LPC training focuses more on individual psychological processes and interventions creating personal change, while social work training tends to focus on social and environmental factors. The differences in level of depth would not allow sufficient supervision for LCSW's working with current and incoming LPCs. Additionally, what will be the measure of competency in supervision, if this becomes reciprocal with other helping professions? This proposal would blur the lines of ethical boundaries and limitations of supervisory roles and the ability to ensure effective training for helping professions within their specific fields.

CommentID: **222377**

Commenter: Dr. Ed Neukrug, Old Dominion University Counseling Program

3/26/24 8:54 pm

LCSWs supervising counselors

Please consider this letter, on behalf of the faculty at the Old Dominion University Counseling Program

Dear Virginia Board of Counseling:

The faculty in the ODU Counseling Program strongly oppose the proposed change of having LCSW's eligible for the supervision of counseling residents. It is critical that LPCs supervise counselors in order to maintain and advance counselors' unique professional identity. This is not just hyperbole, as the coursework between master's level social workers and master's level counselors varies dramatically.

Despite the fact that both master's degree counselors and social workers both work intensively with individuals, couples, and families with mental health disorders and problems, their training differs dramatically. Let me delineate.

- Whereas a counseling program has a spiral curriculum, that reinforces critical skills and culminates in practicum and internship, social work program immerses students into clinical settings early, with little content knowledge, hoping the students learn along the way through supervision.

- Counseling programs are unique in their training of micro counseling skills, which ensures clinical expertise early in their program. Social work programs do not have this as a mainstay approach and a supervisor would not be able to reinforce some of those skills.

- Coursework in counseling is different than in social work programs, as per their accreditation programs. For instance, counseling programs must offer course content in assessment, career counseling, counseling theory, human development, a "growth group" experience, and other practices that social workers are not required to be take.

- The scope and focus of supervised clinical training, as well as supervision training in counseling programs, is different than what is taught in social work programs.

- Professional identity, especially relevant to history, approach to clients, and most importantly ethics, is different (see the ACA and NASW ethics code). A social worker supervisor does not know the history of counseling, the practice of counseling, or its ethical code.

There are also many other differences, but in short, the nine social work competencies vary dramatically from CACREP's eight core content areas. See the table below.

CACREP's Core Content Areas	CSWE's Nine Social Work Competencies
1. Professional Counseling Orientation and Ethical Practice	1. Demonstrate Ethical and Professional Behavior
2. Social and Cultural Identities and Experiences	2. Advance Human Rights and Social, Racial, Economic, and Environmental Justice
3. Lifespan Development	3. Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice
4. Career Development	4. Engage in Practice-Informed Research and Research-Informed Practice
5. Counseling Practice and Relationships	5. Engage in Policy Practice
6. Group Counseling and Group Work	6. Engage with Individuals, Families, Groups, Organizations, and Communities
7. Assessment and Diagnostic Processes	7. Assess Individuals, Families, Groups, Organizations, and Communities
8. Research and Program Evaluation	8. Intervene with Individuals, Families, Groups, Organizations, and

If not familiar

	Communities
	9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

with the breakdown of these competencies within counseling and social work, I urge you to review the standards of both degrees and I am confident you will find major differences in these common-core standards. In addition, counseling programs also require specific standards in clinical mental health counseling which I am sure social work supervisors know little or nothing about. To have a social worker supervise a counselor, does little to reinforce the existing, and important, content knowledge and professional identity of the counselor.

Due to these differences, I encourage the board to not allow LCSWs to supervisor counselors in residence.

Sincerely,

Ed Neukrug, Ed.D., LPC, Endowed Chair of Counseling
Professor of Counseling and CACREP Coordinator
Old Dominion University
CommentID: **222378**

Commenter: Brittany Sager-Heinichs

3/27/24 2:28 pm

Reject This Petition

As a licensed professional counselor and a counselor educator, I am strongly opposed to this petition as this could dilute the unique professional identity that is of a counselor. Cross profession supervision, should not be permitted as it could do harm to the counseling profession. LCSW and LPC do not undergo the same training nor do they hold the same identity.

CommentID: **222397**

Commenter: Dr. John Harrichand, LPC-S

3/27/24 2:45 pm

Reject this Proposal

Dear Virginia LPC Board,

As someone who was initially licensed in Virginia and continues to maintain my licensure, I firmly oppose this proposed amendment. I believe that professional counselors should be responsible for supervising counselors-in-training because this is critical to protecting the unique identity of the counseling profession, including its unique teachings and theories. I also recognize that neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers - why is this the case? Since this is not a bidirectional relationship/expectations with other mental health professionals in Virginia, I strongly believe that future LPCs should be supervised by experienced members of our own profession.

I hope you will reject this proposal and any such proposals that might emerge in the future.

Thank you, Dr. Harrichand, LPC-S

CommentID: **222398**

Commenter: Matthew Armes

3/27/24 2:49 pm

No

No, this is not a good idea, and as a practicing professional in Virginia, I do not believe this amendment is wise toward the supervision of aspiring counselors. Social workers and counselors, although their efforts and goals share some similarities, are not trained in the same way, nor do the end results compare. For those overseeing this petition, please respect the nature of the counselor's work and have aspiring counselors train with those supervised in counseling to do so.

CommentID: **222399**

Commenter: Anonymous 3/27/24 3:14 pm

Comment on supervisory requirements

Hello,

I am writing to express my views on the proposed amendment to supervisory requirements to include licensed clinical social workers.

I oppose this proposed amendment. Only professional counselors should supervise residents-in-counseling because this is critical to protecting the unique identity of the counseling profession. For the same reason, neither Boards of Psychology or Social Work permit LPCs to supervise future psychologists or social workers. Likewise, experienced members of the counseling profession should supervise residents.

Sincerely,

Emily Chew

CommentID: **222401**

Commenter: Philip Saphos 3/27/24 3:17 pm

Vote No

This proposed amendment is only going to decrease efficacy towards the profession of counseling and a failure of proper training can result in serious public health consequences. Please keep the counseling profession held to a proper standard and reject this petition as it can cause serious harm.

With unequivocal conviction,

Philip Saphos

CommentID: **222402**

Commenter: Chelsea Trump 3/27/24 3:26 pm

Oppose

Only professional counselors should supervise counselors-in-training because this is necessary to protect the unique identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCs should be supervised by experienced members of their own profession.

CommentID: **222403**

Commenter: John P. Duggan, EdD, LPC, LSATP

3/27/24 3:52 pm

Reject this proposal

To the Commonwealth of Virginia Board of Professional Counseling:

I write as a Virginia LPC to express my concern about the proposed change to supervisor requirements for counselors-in-training and residents (i.e., new professionals) and urge the Board to ***reject this proposal***. Qualified LPC supervisors must have a deep understanding of the counseling profession's unique philosophical views and ethical standards.

Ethical standards in counseling guide our professional practice and ensure the welfare and dignity of those with whom LPCs journey (§A.1.a, 2014 *ACA Code of Ethics*). Supervisors must deeply understand these standards to guide new professionals effectively, and many of these standards are unique to professional counselors. This level of understanding is best found within our profession, ensuring that supervisors are well-versed in the specific ethics and challenges we face.

Additionally, the 2014 *ACA Code of Ethics* mandates gatekeeping and remediation for supervisors and counselor educators (§F.6.b.). This accepted standard of care would not apply to practitioners from other disciplines, such as social work.

The proposed amendment could dilute the quality of supervision and, by extension, impede required continuing professional development of future counselors. Supervision is a specialized intervention that focuses on embedding an ethical framework in the next generation of practitioners. Only those fully immersed in the counseling field can ensure this critical aspect of training is met.

Rejecting this proposal does not reject the value of interdisciplinary consultation or collaboration. Rather, rejecting this proposal strengthens professional counseling, and protects the citizens of the Commonwealth by fostering ethical counseling.

Restricting the supervision of counselors-in-training and residents (i.e., new professionals) is crucial for upholding our standards and the integrity of our work. Please consider other measures to recruit more *qualified* LPC supervisors, rather than simply extending privileges to practitioners from other professions.

John Duggan, EdD, LPC, LSATP

CommentID: **222406**

Commenter: Rhonda Ladd, PhD, LPC

3/27/24 4:31 pm

Reject this Petition: LCSW as Supervisor for LPC resident

I strongly oppose this proposed amendment. As a counselor educator, supervisor, and LPC, I believe it would be a very poor decision to include LCSWs as supervisors. Developmentally, counselors-in-training are still solidifying their professional identity and need the mentorship of LPC. While I support residents being collaborative with colleagues across disciplines in their work (and there will be plenty of opportunity), an LPC can help help the resident navigate the differences that abound. As a counselor educator I have seen the challenges and confusion students can experience in their practicum and internship when working under an LCSW site supervisor, even in understanding of clinical skills. In this context, the counselor-in-training also has the faculty supervisor (LPC) for support and direction. This is just as important in residency. Overall, here is importance in maintaining consistency in the training established through the MA programs and CACREP; social work is distinctly different and does not represent the same framework and focus.

The counseling profession is unique, including its philosophy and teachings. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCs should be supervised by experienced members of their own profession.

Sincerely,

Rhonda Ladd, PhD, LPC
CommentID: **222409**

Commenter: Dr. Ashlee Lakin, LPC, NCC

3/27/24 6:33 pm

Maintain Specialized Supervision

Maintain specialized supervision

Each branch of the Behavioral Sciences is unique. It is not semantics, as some have suggested. In Counselor Education programs, we are helping students build a Professional Counselor Identity. It is critical to this Counselor Identity that supervision of Residents, who are seeking to obtain a Professional Counseling license, remain with Licensed Professional Counselor Supervisors during their residency.
I agree with my colleague, Dr. Cynthia Doney, that "while an LPC and LPSW may have things in common, they are distinctively different in methods as well as populations served. Please do not alter the current guidelines which require each profession to supervise and guide their own Residents."

Thank you for reading! ~ Dr. Ashlee Lakin, LPC, NCC

CommentID: **222415**

Commenter: Anonymous

3/27/24 7:08 pm

Reject this proposal

Reject this proposal

CommentID: **222416**

Commenter: anonymous

3/27/24 10:41 pm

support of licensed psychologists and licensed social workers but not just LSW to supervise

If licensed social workers are be allowed to provide supervision for LPC, then licensed psychologists should also. Both provide counseling. I cannot imagine that a licensed social worker would be approved to supervise but not licensed psychologists. What would be the rationale for that? I would say either both or none. We are supposed to be doing what makes sense, not what doesn't make sense! I agree that registered nurses and substance use counselors do not have the level of mental health education that licensed professional counselors, licensed social workers, and licensed psychologists have and they have not received the level of supervision and licensure themselves that would truly qualify them to provide adequate supervision for LPC residents.

It would be up to the LPC resident to know other states requirements for supervision. There seems to be a shortage of LPC supervisors. Realistically, allowing licensed psychologists and licensed social workers to supervise LPC residents, would promote growth of the counseling profession.

CommentID: **222420**

Commenter: Anonymous 3/28/24 12:43 am

Oppose this amendment

I oppose this amendment.

CommentID: **222421**

Commenter: Dr Mary Olufunmilayo Adekson 3/28/24 6:03 am

Do not give Social Workers the power to supervise counselors

As a seasoned counselor educator for four decades and a member of Chi Sigma Iota, I do not agree that Social Workers should supervise counselors. LPC needs to supervise counselors. LPC cannot cross the line to supervise social workers so you need to reconsider this and leave counselors to supervise counselors. We have the training expertise and experience to do just this. Do not cross the professional line. Social Workers are not professional counselors Reconsider this and please back off on this

Thank you

Dr Mary Olufunmilayo Adekson

Faith Diversity Consulting

Virginia

CommentID: **222422**

Commenter: Ashley Laws 3/28/24 9:25 am

Oppose This Ammendment

Dear Virginia State Board of Counseling:

On behalf of Chi Sigma Iota Counseling Academic & Professional Honor Society International (CSI), we are writing to you to express our views on the proposed amendment to requirements for supervisors to include licensed clinical social workers. As the international honor society for professional counselors, many of our members are current or future Licensed Professional Counselors (LPCs), and we are dedicated to preserving the professional counselor identity of LPCs. CSI has 19 chapters in the state of Virginia.

*CSI **strongly opposes** this proposed amendment. Only professional counselors should supervise counselors-in-training because this is critical to protecting the unique identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCs should be supervised by experienced members of their own profession.*

CommentID: **222423**

Commenter: Justin Jordan PHD LPC LSATP- Longwood University 3/28/24 9:34 am

I oppose this amendment (protect Counselor Professional Identity)

Residents in Counseling benefit immensely from having supervision that affirms their identity as professional counselors, which is distinct from the professional identity of our peer professionals in social work and psychology (see Mellin et al., 2011). Many clients seek out LPC's because of our focus on holistic wellness and training focused on therapeutic interventions. During supervision towards licensure, residents benefit from having that professional identity affirmed and deepened, rather than diluted. There is no doubt that LCSW's and LCP's are doing excellent work in the mental health field and can support the development of counselors in group supervision, consultation, vicarious learning, collaboration, and supervision beyond residency; however, the continued development of Residents in Counseling after they finish their masters should include a continued focus on the key components of Counselor Professional Identity (focused on development, wellness, prevention, and social justice; Woo et al., 2014). There are many LPC's providing supervision throughout the commonwealth, and with the proliferation of telehealth for supervision there seems to be ample supervisors available to residents currently, even in rural areas.

I oppose this amendment and believe it is important to retain policy that requires Residents in Counseling to receive licensure supervision from an LPC, primarily.

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development*, *89*(2), 140-147.

Woo, H., Henfield, M. S., & Choi, N. (2014). Developing a unified professional identity in counseling: A review of the literature. *Journal of Counselor Leadership and Advocacy*, *1*(1), 1-15.

CommentID: **222424**

Commenter: Anonymous 3/28/24 10:13 am

Oppose supervision unless there has been additional training to supervise LPC's

Lcsw's must have LPC professional consultation

CommentID: **222425**

Commenter: Jennie 3/28/24 10:25 am

I strongly support this amendment and believe it would open more options for supervision.

I strongly support the amendment and believe it would open up more supervision opportunities for students and LPCC's. The argument for maintaining LPC identity is important. Certainly there has been and continues to be more crucial work in this domain. However, while some worry it may dilute the LPC identity to allow LCSWs to supervise LPCs, I believe it might promote and expand LPC identity due to the following:

1. Increasing personal connections with other similar disciplines which may promote

higher opinions of the LPC professional identity.

2. Decreasing stress on students in finding excellent supervision which increases the number of students who become LPCs and reduces burn out.
3. Increasing cross pollination of ideas and expertise between similar disciplines. I believe expanding supervisory requirements would strengthen and enrich LPC training, identity, and opportunities for students.

CommentID: **222426**

Commenter: Dr. Naomi Wheeler, LPC

3/28/24 12:08 pm

Reject Proposal

As a professor of Counselor Education at VCU, I help to prepare future counselors and supervisors; therefore, I am aware of the critical role a supervisor plays for counselor development during pre-licensure clinical experiences. Having a supervisor from the same discipline seems a foundational criteria as evidenced by supervision requirements used by psychology and social work, where counselors are not able to provide supervision. Additionally, requirements to be an eligible supervisor differ by discipline, as do the regulatory boards who provide oversight. Our licenses are unique because we have distinct competencies that support our approach to practice and professional identity. While I understand the need for more supervisors and value interdisciplinary practice, I don't believe expanding supervisor eligibility to other disciplines is the best approach as it has the potential to dilute professional identity.

CommentID: **222427**

Commenter: Eric J. Camden, PhD, LPC, NCC, ACS

3/28/24 12:30 pm

Reject Current Petition

The counseling profession has worked tirelessly to develop and maintain a distinct professional identity apart from other mental health service professions (i.e., Social Work, Psychology, Psychiatry). This includes developing specific licensure processes/procedures, training competences, accreditation/governing bodies, and best practices. As a counselor educator in Virginia, this is a professional slap in the face to the current and historical figures who advocated for the counseling profession. While I understand the need for supervision (to meet increasing student/resident needs), considering other disciplines to provide such supervision is inappropriate.

CommentID: **222428**

Commenter: Mia L, PhD

3/28/24 12:36 pm

Strongly Oppose

As counselor by training and an adjunct professor of Counselor Education, I help to prepare future counselors-in-training. I recognize of how important a supervisor is a counselor's development.

Requirements to be an eligible supervisor differ by discipline. There are also different regulatory boards. Our licenses are unique because we have distinct competencies that support our approach to practice and professional identity.

As Chi Sigma Iota shared in another comment, "for the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCs should be supervised by experienced members of their own profession."

CommentID: **222429**

Commenter: Mackenzie Black

3/28/24 1:18 pm

Very strongly oppose this proposal

I very strongly oppose this proposal as a someone who is currently seeking LPC supervision in my residency.

CommentID: **222430**

Commenter: Allysa Orr

3/28/24 1:23 pm

In Firm Opposition of this Proposal

As a student seeking LPC licensure, I uphold that only professional counselors should oversee the training of future counselors. This is essential in preserving our profession's distinct identity, teachings, and theories. The function of a social worker diverts from that of a counselor and thus should be separately supervised to preserve the integrity of both fields.

CommentID: **222431**

Commenter: Helen I Runyan

3/28/24 1:24 pm

Reject the proposed amendment

I am writing to express my strong opposition to the proposed amendment to 18VAC115-20-52(C) that would permit licensed clinical social workers to supervise residents in professional counseling. While I appreciate the need for flexibility within the mental health profession, this particular amendment raises significant concerns regarding the quality and appropriateness of supervision provided to counseling residents.

Licensed clinical social workers and professional counselors possess distinct training, expertise, and professional competencies. Allowing licensed clinical social workers to supervise counseling residents blurs the lines between these professions. It could potentially compromise the quality of supervision and the standard of care provided to clients.

Professional counseling is a specialized field that requires specific knowledge and skills in areas such as psychotherapy techniques, assessment, diagnosis, and treatment planning. While licensed clinical social workers undoubtedly have valuable experience in mental health practice, their training may not fully align with the comprehensive skill set required for effective counseling supervision.

Instead of diluting the standards for supervision, we should prioritize ensuring that counseling residents receive high-quality training and supervision from professionals who are specifically trained and experienced in the field of professional counseling. Maintaining clear and rigorous standards for supervision is essential to upholding the professionalism and ethical standards of the counseling profession and safeguarding the welfare of clients.

In conclusion, I urge you to reject the proposed amendment to 18VAC115-20-52(C) and uphold the integrity and standards of the counseling profession. Thank you for considering my concerns.

CommentID: **222432**

Commenter: Anonymous

3/28/24 1:35 pm

I dissent

As a student in a counseling program with a past job in social work, I attest that the skill sets for each can be conflicting.

CommentID: **222433**

Commenter: Marqeatta Hairston

3/28/24 1:36 pm

Strongly oppose this proposed amendment.

I strongly oppose this proposed amendment. Granting licensed clinical social workers the authority to supervise counseling residents could undermine professional counselors' professional identity and autonomy. Counseling is a distinct profession with its own theoretical foundations, practice standards, and professional organizations. Preserving the integrity of counseling supervision by requiring supervision from qualified counselors reinforces the unique contributions and expertise of the counseling profession.

Adequate supervision is essential for ensuring counseling professionals' competence and ethical conduct. Inadequate supervision may harm clients' well-being, including potential harm from insufficiently trained or supervised counselors. Maintaining rigorous supervision standards by qualified counseling supervisors helps safeguard clients' welfare and uphold professional standards of care.

CommentID: **222434**

Commenter: Bonnie Murphy

3/28/24 1:40 pm

I oppose

As a student in the clinical mental health counseling program in Virginia, I oppose this amendment.

CommentID: **222435**

Commenter: Valeda Hall

3/28/24 1:55 pm

LCSW supervising Residents in Counseling

I passionately oppose this proposal

CommentID: **222436**

Commenter: Karen Sray, Counseling Intern

3/28/24 2:20 pm

Reject Amendment

Respectfully request you reject the proposed amendment that would allow licensed clinical social workers the authority to provide supervision to residents in professional counseling. Our communities have differing competencies, methods, and focus. We are not interchangeable and each community deserves it's own seasoned supervisors to lead and mentor the next generation.

Thank you for soliciting feedback on this proposal.

Sincerely, Karen Sray

CommentID: **222437**

Commenter: Counseling Intern, SZ

3/28/24 2:40 pm

In Support

I do not see concern with having partial LCSW supervision for counseling residents, especially if it were in collaboration or with support of LPC supervision. There are many advantages for new counselors if this petition were to pass. I feel the fields share vast knowledge and can benefit from the perspectives on any differences, with the assistance of supervision from same degree supervisors. This can allow for leniency in choice of supervisor, expand access to training in subcategories in the field, and support interdisciplinary partnership. I believe the important aspect of enlarging the supervision pool is to remain firm in ethics, education, and competency for supervision. Ensuring that there are ethics in understanding supervisory competency and limits in training LPC residents, whether you have an LPC or LCSW, is the only factor that should be reviewed. This includes ensuring that all supervisory parties are trained in clinical practice to the extent that it is appropriate to train LPCs. The focus needs to be in the ways that professional counselors can increase skills and knowledge within the field, and by denying social workers a role in supervision is to denounce their schooling and capacity.

CommentID: **222438**

Commenter: Lauren, Masters in Counseling Student

3/28/24 3:55 pm

Strongly Oppose

I strongly oppose this proposal for allowing LCSW to supervise residents in counseling. This undermines the efforts of the counseling profession to differentiate the unique roles of LPCs. LCSWs do not undergo the same standard of supervision or training in a collegiate and residential setting that is necessary to adequately supervise counseling residents. They each possess different skillsets and trainings in their disciplines. Due to these differences, this would do a disservice to residents in counseling and cause there to be a deficit in their training.

CommentID: **222439**

Commenter: Mike H.

3/28/24 11:39 pm

Oppose

I strongly oppose the proposed amendment to 18VAC115-20-52(C), which would allow licensed clinical social workers to supervise residents in professional counseling. While both are professionals in their own rite, licensed clinical social workers and professional counselors are absolutely and irrefutably distinct disciplines. Moreover, licensed professional counselors are unable to supervise residents in clinical social work, so why would the reverse be allowed?

Allowing licensed clinical social workers to supervise counseling residents is analogous to allowing epidemiologists to supervise residents in medical training.

While epidemiologists are trained to formulate the general picture of disease in a given population, and may even possess the capability to provide resources and data toward positive health outcomes in a given population, they do not treat patients/clients as medical practitioners do. Would you like for an epidemiologist to treat your medical condition, or would you prefer a trained medical physician to treat it? The next time you schedule a doctors appointment for your child, or your spouse, or yourself, consider the implications of being seen by an epidemiologist as opposed to being seen by a trained medical physician.

Likewise, would you like for a social worker to treat your mental health condition, or would you prefer a trained mental health counselor to treat your mental health? You may have or may have not seen a professional counselor or social worker. If you ever need to see one or the other, I guarantee beyond a shadow of a doubt, you will benefit more from seeing either one or the other because they are two distinct disciplines, with distinct trainings.

Again, I strongly oppose amendment to 18VAC115-20-52(C), which would allow licensed clinical social workers to supervise residents in professional counseling.
CommentID: **222440**

Commenter: Karen Melcho, Resident in Counseling 3/29/24 2:57 pm

STRONGLY OPPOSE

I am writing to you to express my views on the proposed amendment to requirements for supervisors to include licensed clinical social workers. As a member of CSI, the international honor society for professional counselors, I am dedicated to preserving the professional counselor identity of LPCs. I am currently in supervision for residency with an LPC, and having had my practicum and internship supervised by an LCSW, I ***strongly oppose*** *this proposed amendment. Only professional counselors should supervise counselors-in-training because this is critical to protecting the unique identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, I believe that future LPCs should be supervised by experienced members of their own profession.*

CommentID: **222441**

Commenter: Counseling Intern, MK 3/29/24 8:23 pm

Hold Your Horses, Bub.

The counseling profession has expanded and advanced tremendously in the last century. A field dedicated to promoting and cultivating mental health wellness for all people, professional counselors are highly trained practitioners who foster the holistic wellbeing of individuals, couples, and families by using a clinical lens to address and combat the symptoms of mental health disorders. Social work is an age-old profession that is formidable in its own right; it is fair to say that some of the roots of the counseling profession lie in the field of social work. Moreover, the counseling profession is moving in a (positive) direction that empowers and endorses advocacy as a value. That is, advocacy for individuals, communities, and the profession as a whole. These values, as well as social empowerment/change, are at the crux of the beliefs of social work. Frankly, it's about time our profession caught up and recognized that many of the presenting concerns our clients bring to therapy are critically impacted by, or the direct result of, systemic oppression – not merely personal choices. Yes, there is much we can learn from the field of social work.

Likewise, there is much that social workers can learn from us, particularly as it pertains to utilizing a clinical lens in the therapeutic process. I am skeptical of allowing LCSWs to supervise residents in counseling without additional training. Don't let the name in the license fool you; a brief glance at the MSW curriculum of your choice will quickly reveal that counseling programs and social work programs are training their budding professionals in very different ways. Furthermore, social work programs and counseling programs are accredited by completely different bodies, meaning the standards of excellence, ethics, and practice are different. Are there similarities? Sure – about the same number of similarities between apples and oranges. This proposed policy makes it seem like we're talking about tangerines and nectarines and we're not. If LCSWs were to supervise counseling students, I believe they should engage in additional training that mirrors the clinical skills, approaches, and foundational/fundamental beliefs counselors are trained to embody. As a counseling intern who currently works with MSW interns, our programs requirements are vastly

different, from the number of hours we need to obtain to the case conceptualizations and recordings we have to log. Again, I'm not totally against the idea of having LCSWs supervise residents in counseling; however, that should not ever happen without additional training on the LCSWs part. Besides, social workers have been screaming for years about how different our professions are. Maybe it's time we believed them.
CommentID: **222443**

Commenter: Counseling Intern NL

3/30/24 5:54 pm

Opposed

Counselors-in-training are seeking to build a foundation of their practice. They are seeking to build their theoretical orientation, their treatment modalities, skills, and ethical guidelines. In building this foundation, there needs to be clear and supportive supervision, to guide the new clinician into providing the best possible services for their clients that align with the education and professor supervision they receive.

The issue of LCSWs being able to supervise LPCs in training, is the LCSWs have different education, training and expertise. Whereas the focus of an LCSWs training is holistic and advocacy based offering a more broad set of skills, the LPCs is more focused on honing their skills with a clients psyche and mental health. In my opinion, the differing professional approaches and viewpoints could lead to misunderstandings or confusion in the supervision process, which might ultimately hinder the LPC in their professional development. They may be more confused or unsure which scope of practices to incorporate or how to conceptualize a client. This could cause issues with a clinician developing their professional identity. It could also harm clients if the clinician uses conflicting skills or conceptualizations.

It could be argued that after LPC receives training from a licensed LPC supervisor to establish a foundation, obtaining new perspectives through LCSW supervision could be beneficial. I see that more as a supplement to the education, rather than LCSW being at the core of creating the basis of the new clinician. LCSW's might offer clinicians a broader view to think about the client within their systems and environments, good insight into the world of client advocacy at a larger scale, increased community resources, and improved understanding of mental health systems.

As someone currently in training to become a counselor and starting a residency soon, my personal experience working in mental health services under the supervision of an LCSW has influenced my perspective. While I have learned important concepts and skills, the suggestions I received were often very different from my own conceptualizations and approaches as an LPC-in-training. This discrepancy sometimes left me feeling conflicted, as I wanted to follow my supervisor's suggestions, yet they did not align with my education, leading to feelings of insecurity and self-doubt about my practice regarding doing the "right" thing.

CommentID: **222448**

Commenter: SK

3/30/24 6:24 pm

Counseling Intern Opposed to this Petition

As a current graduate student in a clinical mental health counseling program and soon-to-be resident, I have to disagree with this petition to allow LCSWs to supervise residents in counseling. For my internship, I have had an LCSW as my supervisor. While I have really enjoyed my time with her and have learned a lot, I do feel like I am missing out on some things that only an LPC supervisor could provide. For example, my supervisor does not know anything about residency or licensing requirements for an LPC. Luckily, as I am still in grad school, I also have my faculty supervisor who is an LPC and can provide me with this information. However, if I were already a resident I would have to try and figure out that information on my own and/or find a second

supervisor and potentially pay for extra supervision. As a soon-to-be resident, I would rather be supervised by someone who went through the same process as I will be going through. I know there are similarities between what LCSWs and LPCs do, but counseling is also its own field for a reason. There are things that LCSWs are not able to provide residents in counseling and therefore should not be able to supervise them for residency.
CommentID: **222449**

Commenter: Leslie Stachelski, LPC

3/31/24 11:10 am

Strongly Oppose

As an LPC and PhD student in Counselor Education, I strongly oppose allowing social workers to supervise registered counseling interns. This practice risks weakening counselors' professional identity and mental health counseling expertise. It confuses two professions with differing training and skills. Counselors' autonomy and legitimacy as a distinctive profession must be upheld, and supervision arrangements need to consider counseling interns' particular needs and aspirations.

CommentID: **222450**

Commenter: Patricia Kimball, LPC-S, PhD CES

3/31/24 2:08 pm

Lets Keep the Counselor Identity Clear

There has been a lot of work overtime to clarify what it means to be a professional counselor. Because our profession is so closely associated with the other helping professionals, and out title has been used as a generic way to identify the work of our peers, defining what is means to be a Clinical Mental Health Counselor, a Mariage and Family Counselor, a Rehabilitation Counselor and a School Counselor has been a long and complex journey that is still underway. Just like the other helping professionals, part of our identity comes from the uniqueness in the subjects we are trained in and who provides that training. As a Counselor Educator, I am not able to teach in any graduate program outside of a counseling one. Additionally, as certified counselor supervisor in Virginia, I am only permitted to supervise counselors. And honestly, I understand that my areas of expertise and with counselors.

In the same way, I would ask that our peer in the helping professions, in this instance Social Workers, but also Psychologist, honor the uniqueness of their areas of expertise and training. As noted in the very well case presented by both CSI and ODU, there are differences in the identity and training of Social Workers and Counselors. These differences are here for specific reasons. If our field did not need our unique identities, then why the bother to formulate these specialized spaces we fit best into the whole of serving our communities? We as Counselors have a place in the helping professions and to dilute our unique identity by allowing another helping professional to train our future would nullify the wholeness we bring to the helping profession overall.

As for the argument that supervision to difficult to obtain… I believe there are better ways to address this problem. How did the pilot go for the accelerated path to licensure? What happened?

Instead of legislating for opening supervision to another helping profession, how about legislating that supervision be covered by third party payment, or that a supplemental payment system be formulated. Or increase payment rates of counseling services so LPCs can then set aside time to volunteer in a supervisory role.

What about forming supervision collectives that can support LPCs in becoming and remaining in a supervisory role? I have had multiple conversations with LPCs who attempted to supervise one resident and then stopped because the responsibility was too high and support too low. There are so many more things that could be done to support increasing the number of LPCs who can and will supervise instead of opening supervision up to other disciplines. Additionally, opening supervision up will not take care of the financial burden that is a barrier for so many residents.

I think opening supervision of residents up to other helping professionals is a huge step backwards for the Counseling profession and will not solve the multi-layered issue that has led us to this place of needing more helping professionals in our state. Lets be honest, is our need for mental health services really going to be fixed by allowing LCSWs to supervise (especially when we are not even talking about reciprocation of LPCs supervising LCSWs) or is this a simple distraction from the fact that we as helping professionals get paid so little, when looking at the level of education and training that is required, and the toll our work takes on the mind, body and soul… In the marketplace of work, we as helping professionals are not valued and are typically underpaid. Wouldn't our time be better spent figuring out how to shift some our larger cultural values to reflect the importance of mental health instead of trying to water down a profession's identity?

CommentID: **222451**

Commenter: SRB

3/31/24 4:00 pm

Oppose

As a current master's student in the school of counseling, I believe that this proposal should be rejected. While I am currently getting my degree in school counseling, I will be getting my LPC in a few years. With that, LPC requirements and social work requirements are two very different areas and do not have the same standards or trainings. The two areas do not allow for adequate work or understanding that social workers and LPC trainees cannot measure up. The LPC training and requirements are much more rigorous and needs a supervisor who can properly understand and meet those needs and demands that current and future LPCs need.

CommentID: **222452**

Commenter: Tara Cothren, LPC

4/1/24 12:03 am

Oppose this

I strongly oppose this proposed amendment. Only professional counselors should supervise counselors-in-training because this is critical to protecting the unique identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, we believe that future LPCS should be supervised by experienced members of their own profession.
Sincerely,

Tara Cothren, LPC

Tara@empowercounseling.info

PhD student in Counselor Education and Supervision at VCU

CommentID: **222453**

Commenter: KV

4/1/24 12:12 am

Concerns from an Upcoming LPC

It was disheartening to hear about the recent proposed amendment to the requirements for LPC supervision to include licensed clinical social workers. There are a variety of differences between LCSWs and LPCs including their educational backgrounds, scope of practice, licensing, and regulations, and even in their chosen therapeutic approaches. With LPCs typically holding graduate degrees solely focused on counseling, their training emphasizes counseling theories, psychotherapy techniques, assessment methods, and ethical standards. On the flip side, while LCSWs do possess a graduate leveldegree, their education focuses heavily on coursework more concentrated on social welfare policies, human behavior, social justice, community engagement, and interventions that incorporate these. Another component to consider is the overall scope of practice. LPCs are trained to provide counseling and psychotherapy services to individuals, couples, families, groups, etc. They use a variety of evidence-based interventions to best

accommodate each client and have been trained to work in many different types of settings. LCSWs generally have a broader scope that incorporates more case management, advocacy, and community outreach. Essentially, theyaddress social, emotional, and environmental factors impacting mental health, which is never a bad thing… however, it is a major difference in the focus of training. As for licensing and regulation boards, LPCs obtain licensure through state counseling boards, meeting education, supervised experience, and specific counseling exam requirements.LCSWs are licensed by state social work boards, fulfilling education, supervised practice hours, and social work exam criteria. The exams are not identical. Additionally, LPCs and LCSWs can really have very different training, educational backgrounds, and experiences working in the mental health field altogether. Personally, I believe it would be most beneficial to me as a soon-to-be resident in counseling to have a supervisor who has been through the same residency/supervisory process as me, who can even aid me in the licensure process and give more constructive feedback on approaches and techniques.

In sum, LPCs and LCSWs each have their own methods and manners of handling mental health related concerns. They have separate accreditation boards, licensing requirements and education requirements for a reason, and as someone who recently graduated from a counseling program and is working toward their LPC, I firmly believe it would not be in our best interest. This is in part due to the years of training in a solely counseling-focused field and the various differences in just the experience of LCSW and LPC supervisors clinical training. If this were to happen, then why do graduate level programs even bother to train them as separate clinical roles? I am curious, given there is not reciprocity with this proposal, if social workers were to be in the shoes of LPCs in this moment, would they agree that they should be supervised by an LPC supervisor if it was not reciprocated? Overall, I believe understanding these differences can facilitate healthy collaboration and enhance our ability to provide compassionate and effective mental health services, however, the key word being collaboration. Working alongside and learning from LCSWs would be very beneficial for LPCs, however, allowing LCSWs to wholeheartedly supervise a position that is not the same as their own would be irresponsible.
CommentID: **222454**

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

4/1/24 5:13 am

Absolutely and Emphatically NO

Why would it be reasonable to allow LCSWs to supervise LPC residents when their requirements for licensure are below the standard set for LPCs? Why would it be acceptable to allow someone whose licensure requirements are lower to supervise someone whose requirements are more rigorous and who are held to a higher standard? I'm concerned that the differences are not well known even in our own field. Have you read the Social Work licensure regulations?

Do you know that:

LCSWs are required to have only 100 hours of supervision
LPCs are required to have 200 hours of supervision

LCSWs are required to have only 3000 hours of supervised work experience
LPCs are required to have 3,400 hours of supervised work experience

LCSWs are required to have only 1,380 hours of supervised face-to-face work experience
LPCs are required to have 2000 hours of supervised face-to-face work experience

LCSW supervisors are required to only have 14 hours of clinical supervision training
LPC supervisors are required to have 20 hours of clinical supervision training

LCSW regulations do not accept continuing education hours from NBCC (National Board for Certified Counselors)

LPC regulations accept continuing education hours from National Association of Social Workers

LCSW supervised experience is:
"…in the delivery of clinical social work services and in ancillary services that support such delivery."
LPC supervised experience is:
"…in the consultation and review of clinical counseling services."

LCSW and LPC examination requirements are not the same

I understand that often LCSWs provide the same services as LPCs, but there are many instances in which they do not. There are often differences in approach (per the regulations):
LCSWs: "…application of social work principles and methods…[regarding] social environment, social justice and policy..."
LPCs: provide "Clinical counseling services…assessment, diagnosis, treatment planning, and treatment implementation."

Previous respondents have discussed the differences in the "identity" of each profession. If we are expected to believe there are no differences in the work, education, approaches, and identities of the two licenses why then do we have two? If this request to change the regulation were to be accepted, then maybe it should be accompanied by other changes to make the licenses more equitable. How about requiring LCSWs to have 200 hours of supervision or reduce the LPC requirement to 100 hours? It's extremely burdensome to LPC residents who may not be able to find supervision free of charge at their workplace and who must pay thousands of dollars for those additional 100 hours that LCSW supervisees are not required to have. How about allowing LCSW supervisees to by supervised by LPC supervisors. All these would make the licenses more equitable and maybe then, LCSWs could supervise LPCs and LPCs supervise LCSWs.

In general, why isn't there reciprocity between the two licenses? It seems to only go in one direction: i.e. social work strictly maintains it's integrity, but this petition doesn't allow LPCs to maintain their own integrity. It's important that an LPC resident have supervision from someone who is knowledgeable about the LPC regulations and has gone through the process themselves.

I think there are better options to having enough supervisors available to supervise residents, some of which have already been addressed in previous comments. Here's another option: allow residents to accept payment directly from their clients rather than their income having to pass through their supervisor. This has been a major deterrent for supervisors who would otherwise supervise residents. Since residents must inform their clients and, in every instance, must note on all paperwork and advertising that they are a Resident in Counseling and under supervision, there is no question that the resident is an independent practitioner.

Then, let's take into consideration one more need to maintain the integrity of the counseling profession: the Counseling Compact which only applies to LPCs across the U.S. This legislation has passed in 33 states to date. It allows LPCs to request a privilege to practice in another jurisdiction…it does not apply to social workers. This further differentiates the two licenses and supports maintaining the integrity of the professional counselor field of practice.

In conclusion, there are better options than to dilute the integrity of our counseling field by allowing LCSWs to supervise LPC residents. I provide a 20-hour Clinical Supervision Training and have trained many supervisors since 2009, so I know they're out there. Let's implement some of the suggestions to make it easier for LPCs to supervise residents rather than to bring LCSWs as supervisors back into the mix..

Sharon Watson, LPC, LMFT, LSATP, NCC, ACS
Providing Virtual: Supervision, Supervision Consultation,
Clinical Consultation, Clinical Supervision Trainer

CommentID: **222455**

Commenter: Anonymous 4/1/24 1:30 pm

oppose this

I'm strongly against this proposed amendment. Only professional counselors should supervise counselors-in-training because this is critical to protecting the identity of the counseling profession, including its unique teachings and theories. For the same reason, neither the Board of Psychology nor the Board of Social Work permits LPCs to supervise future psychologists or social workers. Likewise, I believe future LPCs should be supervised by experienced members of their own profession.

CommentID: **222459**

Commenter: Brittany Hall 4/1/24 1:48 pm

Strongly oppose

Our identity as professional counselors needs to remain clear and separated from other professions. We should now allow LCSWs to provide licensure supervision. They do not allow LPCs to do the same for their residents and we should not either. There should be a very clear divide there.

CommentID: **222460**

Commenter: Brian T. Lusk 4/1/24 3:24 pm

It is important that Counselors maintain their professional identity

I am writing to express my strong opposition to the proposed amendment regarding the inclusion of Licensed Clinical Social Workers (LCSWs) as supervisors for Counselors-in-Training. As an esteemed Licensed Professional Counselor (LPC) and Counselor Educator, I am deeply committed to upholding and preserving the unique identity of the counseling profession.

Only professional counselors should supervise individuals undergoing counseling training. This is not merely a matter of professional preference but rather a crucial step in safeguarding the integrity and distinctiveness of the counseling profession. The field of counseling boasts its own set of teachings, theories, and methodologies, which require specialized knowledge and expertise to effectively impart to future practitioners.

As per the regulations laid down by the Board of Psychology and the Board of Social Work, LPCs cannot supervise future psychologists or social workers. Similarly, it is imperative that LPCs are not subjected to supervision by individuals from other professions. The rationale behind these regulations is clear: individuals seeking licensure in a particular profession should be supervised by experienced members of that same profession who possess the requisite knowledge and understanding of its principles and practices.

Allowing LCSWs to serve as supervisors for counselors-in-training not only blurs the boundaries between distinct professions but also undermines the unique contributions and perspectives that professional counselors bring to the field. By maintaining the requirement for LPCs to be supervised by fellow counselors, we ensure that trainees receive guidance and mentorship that is tailored to the specific needs and objectives of the counseling profession.

In conclusion, I urge you to reconsider the proposed amendment and uphold the longstanding requirement that only professional counselors supervise counselors-in-training. Doing so will not only preserve the integrity of the counseling profession but also uphold the standards of excellence and professionalism that we hold dear.

Thank you for considering my perspective on this important matter.
CommentID: **222463**

Commenter: Ashlea H.

4/1/24 3:44 pm

Currently, Strong Opposition

At this time, I would like to voice a strong opposition for the proposed amendment. This amendment would vastly impact the identity of the counseling profession which appears counter-intuitive to the CACREP standards for professional development. Licensed Clinical Social Workers (LCSWs) are also trained in a different manner than Licensed Professional Counselors (LPCs).

The proposed amendment may also cause complications or harm to those who begin and/or complete their counseling residency in the state of Virginia. Due to the lack of reciprocity, how might allowing supervision under a LCSW complicate their journey? How might allowing LCSWs to supervise LPCs complicate the pathway to reciprocity?

I understand that this proposed amendment would allow for more supervision opportunities, but at what cost?

CommentID: **222465**

Commenter: Wendy F Rood, Resident in Counseling

4/1/24 4:14 pm

Opposing this petition

LCSWs should not be supervising LPC-track residents in counseling. My reasons are below:

- There is very little commonality in coursework. An LCSW has not received the same education as an LPC.
- The above should preclude LCSWs from supervision of residents, as current Virginia law (18VAC140-20-50-C4) states that a social work supervisor “Provide supervision only for those activities for which the supervisor is qualified by education, training, and experience” They are not qualified by education or training – it’s too different.
- State law (18VAC140-20-50-C3) also states that LCSW supervisors “Provide supervision only for those social work activities for which the supervisor has determined the applicant is competent to provide to clients”. Residents in counseling are not doing social work activities. For an LCSW to supervise would be out of their scope of practice and against Virginia legal code about their practice.
- Counselor identity differs for the mental health professions, and this distinction is regularly made in school. Residents are aware of this from school and training, and need a supervisor who can support them from that viewpoint.
- If a resident in counseling wanted to be trained and supervised in social work, they would have gone to school for social work.
- Having the professions governed by separate boards is problematic for the proposed situation. There would be a lack of oversight. If there is a problem, where does the complaint go to?
- The requirements to become a professional counselor (2000 hours of face-to-face, 200 hours of supervision) are much higher than the requirements to become a LCSW (1350 hours of face-to-face, 100 hours of supervision). It inequitable to require that much more of the resident than of a supervisor.

Although social workers play a valuable role, it is a different role. Counselors at a pivotal point in their training need proper support. It would be my hope that, instead of this petition's effort towards having social workers as supervisors, more effort could be put into making it easier for residents in counseling to obtain supervision from LPCs.
CommentID: **222466**

Commenter: H Tracy 4/1/24 5:53 pm

Cannot oppose strongly enough

I oppose the petition for several reasons. I believe that professional identity will be eroded and Virginia has worked very hard to have an excellent reputation for our LPCs and LMFTs. I was on the Board when it was changed and appreciate the time and the social workers who did supervise due to a potential burden of finding an LPC/LMFT supervisor. We have plenty now and training is readily available. I myself had an LCSW as a supervisor for a small part of my Residency (10%) and while she was great and provided very specific supervision for a specialty, training and view of counseling is quite different. The second reason is that LCSWs are not governed by nor do they answer to The Board of Counseling which means they do not need to follow our regulations. They have their own. An emphatic no from me!

CommentID: **222467**

Commenter: LASC - Counseling Student/Intern 4/1/24 7:07 pm

It's a No From Me...

As a current student within a Clinical Mental Health Counseling program with a LPC licensure track, I strongly oppose this proposed amendment. One of the main reasons for opposing this proposal is the differences in the educational track and career focus of both LPC and LCSW. We are discussing (in what I see) two completely different approaches to counseling. LPCs often specialize in a more clinically tailored counseling and psychotherapy approach whereas LCSWs specialize in case management, advocacy, focusing on environmental and social factors, in addition to therapy.

If you were to compare the educational track master's programs for an LPC and LCSW you will most likely find little to no similarities. As stated above in most LPC track programs you will find clinical heavy courses with a focus of counseling, theories, and specializations. These courses are seen as mandatory in most counseling programs for LPC track. If you were to look at the program coursework for an LCSW individual, you would find most of the coursework is social justice work driven. In some LCSW programs you can find specialized concentrations and classes offered at Elective levels; these classes are not mandatory as compared to an LPC.

To propose this petition or have this even as a consideration is beyond me. As a current master's student, I would prefer to have someone supervise me that was in the exact same path that I am following. I am currently an intern student on LPC licensure track with an LMFT supervisor. In this situation, I have often struggled on making connections with my supervisor and taking in account suggestions and feedback from someone of a different background (specializing in families and couples). It has been my own experience of being supervised by someone with a different specialty that makes me strongly oppose this petition. We are the ones who can ultimately pick who we would like to have to supervise us, why can't we have someone that will ultimately support us and have knowledge of our own licensure track. Everyone should at this point, supervise their own residents in my opinion. It is best for the individual and it will be better overall for the community and populations that we will serve in the long run.

CommentID: **222468**

Commenter: Rebecca Hogg, LPC, LSATP

4/1/24 7:21 pm

Opposed to this Petition

There are many positions and roles which LPCs and LCSWs and LMFTs and LSATPs can fill which overlap. There are many benefits to working within a multidisciplinary team and receiving training from a variety of sources. However, when it comes to the initial training and supervision a Resident in Counseling receives, a Resident in Counseling should have direct supervision from a provider in their own field. This helps that clinician to maintain and understand the benefits, nuances and purposes of having the distinctions between professions. The specific differences are well laid out in many other comments and I see no reason to restate them again.

The petitioner has posted in a similar petition in the Board of Social Work that he intended to submit this petition. Others can look that petition and comment up if they so desire. The petitioner is correct that at one time LCSWs could provide clinical supervision for Residents in Counseling. That ended when the Board of Counseling determined that there were enough LPCs to support providing supervision of our own profession, so that we no longer needed the support of professions from other Boards. That is how professions grow and that is appropriate. It would be inappropriate for Residents in Counseling to go back to being clinically supervised towards licensure by LCSWs at this time.

Adding LCSWs as an additional supervisor could also potentially damage our participation in the Counseling Compact as the rules and regulations of that have not yet been released. It is important to maintain the integrity of our profession as an independent and distinct profession.

CommentID: **222469**

Commenter: Susan Klemmer, M.Ed.

4/1/24 7:33 pm

No Thank You

Greetings reviewers and interested parties,

As a Resident in Counseling in VA working toward my LPC designation, I've had many opportunities to interact with supervisees in social work, and LCSWs. While I believe they are fine individuals with a strong commitment to their profession, I do not believe that their skill set(s) and training are an effective or appropriate match for a Resident in Counseling who is working on developing professional identity, skills and competencies as a counselor.

Our training programs and licensure requirements differ significantly. There is some overlap in training, but the professional identities of these two professions are widely differentiated, starting at the most very basic of degrees, trainings, skills, approaches and competencies. As an LPC in training, being supervised by an LCSW would be similar to asking a dentist to supervise an orthodontist. Or a physical therapist to supervise a chiropractor. Similar functionality, perhaps even similar outcomes, but unrelated trainings and approaches.

Notwithstanding, our licensure requirements are considerably different from social workers, and while Residents are ultimately in charge of making sure their Residency requirements are met, without the guidance of an LPC Supervisor many integral details may be overlooked. In addition, it would be challenging to assert that the competencies that are required in an LPC Supervisor would also be present in an LCSW Supervisor.

I hope you are able to see the many valid reasons from the variety of interested parties and their varied perspectives that this would be harmful in the long run to the counseling profession. The

solution lies in training more Supervisors, not allowing Residents to be supervised by less or other qualified individuals.

Thank you for your consideration.

Susan Klemmer, M.Ed.
Resident in Counseling, Virginia
CommentID: **222470**

Commenter: Shana

4/1/24 10:02 pm

Strongly Oppose

Absolutely not! There should not even be a question. Education and license requirements are very different. Many other points are already posted clearly.

CommentID: **222471**

Part II. Requirements for Licensure as a Professional Counselor

18VAC115-20-52. Resident license and requirements for a residency.

A. Resident license. Applicants for temporary licensure as a resident in counseling shall:

1. Apply for licensure on a form provided by the board to include the following: (i) verification of a supervisory contract, (ii) the name and licensure number of the clinical supervisor and location for the supervised practice, and (iii) an attestation that the applicant will be providing clinical counseling services;

2. Have submitted an official transcript documenting a graduate degree that meets the requirements specified in 18VAC115-20-49 to include completion of the coursework and internship requirement specified in 18VAC115-20-51;

3. Pay the registration fee;

4. Submit a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and

5. 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 the 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 toward 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 toward the requirements of a residency.

7. Supervised practicum and internship hours in a CACREP-accredited doctoral counseling program may be accepted for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a professional counselor.

8. 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. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

9. 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.

10. 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 that the resident does not have authority for independent practice and is under supervision and shall provide the supervisor's name, professional address, and phone number.

11. Residents shall not engage in practice under supervision in any areas for which they have not had appropriate education.

12. 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. 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 that were in effect at the time the supervision was rendered.

Statutory Authority

§§54.1-2400 and 54.1-3505 of the Code of Virginia.

Historical Notes

Derived from Virginia Register 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; Volume 36, Issue 2, eff. October 16, 2019; Volume 37, Issue 20, eff. June 23, 2021.

Legislation text as passed both chambers and approved by the Governor

Included in your agenda packet:

- HB329, affecting endorsement requirements for LMFTs
- HB426, affecting accepted examinations for licensed professional counselors
- SB403, affecting registration of QMHPs and creating new registration types for behavioral health technicians and behavioral health technician assistants

Staff Note: The text of the legislation as passed and approved by the Governor is included for your review. Please note, earlier or different versions of these bills are not applicable.

Action Needed:

- No action needed. Discussion will be provided on next steps and impact of legislation.

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to direct the Board of Counseling to amend its regulations related to licensure by endorsement for licensure as a marriage and family therapist.

[H 329]

Approved

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Counseling shall amend 18VAC115-50-40 of the Virginia Administrative Code to state only the following:*

"Every applicant for licensure by endorsement shall hold or have held a valid and unrestricted marriage and family license in another jurisdiction in the United States and shall submit:

1. A completed application;

2. The application processing and initial licensure fee prescribed in 18VAC115-50-20;

3. Documentation of licensure as follows: verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. An affidavit of having read and understood the regulations and laws governing the practice of marriage and family therapy in Virginia; and

5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB)."

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to direct the Board of Counseling to recognize the National Counselor Examination as a valid examination for licensure as a professional counselor in the Commonwealth of Virginia.

[H 426]

Approved

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Counseling (the Board) shall recognize the National Counselor Examination (NCE) administered by the National Board for Certified Counselors as a valid examination to meet the qualifications for licensure as a professional counselor in the Commonwealth of Virginia. The Board shall incorporate the NCE into its licensure regulations and procedures, provided that such recognition does not conflict with the requirements set forth in any interstate compacts or agreements to which the Commonwealth is a party.*

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact §§ 54.1-3500 and 54.1-3505 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 35 of Title 54.1 an article numbered 4, consisting of sections numbered 54.1-3518 through 54.1-3521, relating to behavioral health technicians; behavioral health technician assistants; qualified mental health professionals; qualified mental health professional-trainees; scope of practice, supervision, and qualifications.

[S 403]

Approved

Be it enacted by the General Assembly of Virginia:

1. That §§ 54.1-3500 and 54.1-3505 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Chapter 35 of Title 54.1 an article numbered 4, consisting of sections numbered 54.1-3518 through 54.1-3521, as follows:

§ 54.1-3500. Definitions.

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

"Appraisal activities" means the exercise of professional judgment based on observations and objective assessments of a client's behavior to evaluate current functioning, diagnose, and select appropriate treatment required to remediate identified problems or to make appropriate referrals.

"Art therapist" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license for the independent practice of art therapy by the Board.

"Art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, or groups.

"Art therapy associate" means a person who has (i) completed a master's or doctoral degree program in art therapy, or an equivalent course of study from an accredited educational institution; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board; and (iii) been issued a license to practice art therapy under an approved clinical supervisor in accordance with regulations of the Board.

"Behavioral health technician" means a person who has completed, at a minimum, an associate degree and registered with the Board to practice in accordance with the provisions of § 54.1-3518 and regulations of the Board and provides collaborative behavioral health services. A "behavioral health technician" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Behavioral health technician assistant" means a person who has completed a high school diploma or equivalent, at a minimum, and registered with the Board to practice in accordance with the regulations of the Board and the provisions of § 54.1-3519 to provide collaborative behavioral health services. A "behavioral health technician assistant" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services.

"Board" means the Board of Counseling.

"Certified substance abuse counseling assistant" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.2.

"Certified substance abuse counselor" means a person certified by the Board to practice in accordance with the provisions of § 54.1-3507.1.

"Collaborative behavioral health services" means those supportive services that are provided by a registered behavioral health technician, registered behavioral health technician assistant, registered qualified mental health professional, or registered qualified mental health professional-trainee under the direction of and in collaboration with either a mental health professional licensed in the Commonwealth or a person under supervision as a prerequisite for licensure who has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work.

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment

interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

"Licensed substance abuse treatment practitioner" means a person who: (i) is trained in and engages in the practice of substance abuse treatment with individuals or groups of individuals suffering from the effects of substance abuse or dependence, and in the prevention of substance abuse or dependence; and (ii) is licensed to provide advanced substance abuse treatment and independent, direct, and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

"Marriage and family therapist" means a person trained in the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

"Marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques and delivery of services to individuals, couples, and families, singularly or in groups, for the purpose of treating such disorders.

"Practice of counseling" means rendering or offering to render to individuals, groups, organizations, or the general public any service involving the application of principles, standards, and methods of the counseling profession, which shall include appraisal, counseling, and referral activities.

"Practice of marriage and family therapy" means the appraisal and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques, which shall include assessment, treatment, and referral activities.

"Practice of substance abuse treatment" means rendering or offering to render substance abuse treatment to individuals, groups, organizations, or the general public.

"Professional counselor" means a person trained in the application of principles, standards, and methods of the counseling profession, including counseling interventions designed to facilitate an individual's achievement of human development goals and remediating mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

"Qualified mental health professional" ~~includes qualified mental health professionals-adult and qualified mental health professionals-child~~ *means a person who has (i) completed, at a minimum, a bachelor's degree; (ii) registered with the Board to practice in accordance with the provisions of § 54.1-3520 and the regulations of the Board; and (iii) a combination of work, training, or experience in providing collaborative behavioral health services for youth or adults. A "qualified mental health professional" includes a qualified mental health professional-adult and qualified mental health professional-child. A "qualified mental health professional" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services*.

~~"Qualified mental health professional-adult" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.~~

~~"Qualified mental health professional-child" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative mental health services for children and adolescents up to 22 years of age. A qualified mental health professional-child shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.~~

"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional *in accordance with the provisions of § 54.1-3521* and is registered with the Board. *A "qualified mental health professional-trainee" shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, the Department of Corrections, or the Department of Education or a provider licensed by the Department of Behavioral Health and Developmental Services.*

"Referral activities" means the evaluation of data to identify problems and to determine advisability of referral to other specialists.

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the

Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship 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 professional counseling under supervision.

"Substance abuse" and "substance dependence" mean a maladaptive pattern of substance use leading to clinically significant impairment or distress.

"Substance abuse treatment" means (i) the application of specific knowledge, skills, substance abuse treatment theory, and substance abuse treatment techniques to define goals and develop a treatment plan of action regarding substance abuse or dependence prevention, education, or treatment in the substance abuse or dependence recovery process and (ii) referrals to medical, social services, psychological, psychiatric, or legal resources when such referrals are indicated.

"Supervision" means the ongoing process, performed by a supervisor, of monitoring the performance of the person supervised and providing regular, documented individual or group consultation, guidance, and instruction with respect to the clinical skills and competencies of the person supervised. *Supervisors may only supervise activities within their scope and area of Board-defined competency. Supervision provided by nonlicensed supervisors shall not be a replacement for the direction of services and collaboration with the licensed mental health professional or licensed eligible mental health professional required to perform collaborative behavioral health services.*

§ 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, *subject to the requirements of Article 4 (§ 54.1-3518 et seq.),* regulations for the ~~registration of qualified mental health professionals, including qualifications, education, and experience necessary for such registration, and for the registration of persons receiving supervised training in order to qualify as a qualified mental health professional~~ *qualifications, training, supervision, and experience for the registration of behavioral health technicians, behavioral health technician assistants, qualified mental health professionals, and qualified mental health professional-trainees.*

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.

Article 4.

Behavioral Health Technicians and Qualified Mental Health Professionals.

§ 54.1-3518. Scope of practice, supervision, and qualifications of registered behavioral health technicians.

A. A registered behavioral health technician shall be (i) qualified to perform, under Board-approved supervision, collaborative behavioral health services, training on prevention of mental health and substance use disorders, and mental health literacy and the supportive functions of screening, intake, orientation, care coordination, client education, and recordkeeping and (ii) after three years of practicing as a behavioral health technician in good standing and completion of the required behavioral health technician supervisor training set forth by the Board, qualified to supervise, as part of a collaborative team, behavioral health technicians and behavioral health technician assistants. A registered behavioral health technician shall not engage in independent or autonomous practice and shall only perform collaborative behavioral health services.

B. Such registered behavioral health technician shall be supervised by a mental health professional licensed by the Department of Health Professions, a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure who has completed the required supervisor training, or a registered qualified mental health professional who has practiced for three years and completed the required supervisor training.

C. Pursuant to regulations adopted by the Board, an applicant for registration as a behavioral health technician shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of didactic education in a program or programs recognized or approved by the Board and (ii) received, at a minimum, an associate degree from an institution of higher education accredited by an accrediting agency recognized by the Board. A bachelor's degree shall not be a requirement for registration as a behavioral health technician.

§ 54.1-3519. Scope of practice, supervision, and qualifications of registered behavioral health technician assistants.

A. A registered behavioral health technician assistant shall be qualified to perform, under Board-approved supervision, collaborative behavioral health services, training on prevention of mental health and substance use disorders, and mental health literacy and the supportive functions of screening, intake, orientation, care coordination, client education, and recordkeeping. A registered behavioral health technician assistant shall not engage in independent or autonomous practice and shall only provide collaborative behavioral health services.

B. Such registered behavioral health technician assistants shall be supervised by either a mental health professional licensed by the Department of Health Professions who has completed the required supervisor training, a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure who has completed the required supervisor training, a registered qualified mental health professional who has practiced for three years and completed the required supervisor training, or a registered behavioral health technician who has practiced for three years and completed the required supervisor training.

C. Pursuant to regulations adopted by the Board, an applicant for registration as a behavioral health technician assistant shall submit evidence satisfactory to the Board that the applicant has (i) received, at a minimum, a high school diploma or its equivalent and (ii) completed a specified number of hours of didactic education in a program recognized or approved by the Board.

§ 54.1-3520. Scope of practice, supervision, and qualifications of qualified mental health professionals.

A. A qualified mental health professional shall be qualified to perform, under Board-approved supervision, collaborative behavioral health services, including the supportive functions of (i) screening; (ii) intake; (iii) orientation; (iv) care coordination; (v) client education; (vi) referral activities; (vii) initiating crisis de-escalation; (viii) gathering histories of mental and physical health conditions, alcohol and drug use, past mental health treatment, and interactions with the criminal justice system; (ix) providing psychosocial skills development; (x) implementing interventions as assigned on individual plans of care and documenting the interventions for the purposes of recordkeeping; and (xi) prevention of mental health and substance use disorders. A registered qualified mental health professional shall not engage in independent or autonomous practice and shall only perform collaborative behavioral health services.

B. Such registered qualified mental health professionals shall be supervised by either a mental health professional licensed by the Department of Health Professions who has completed the required supervisor training, a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure who has completed the required supervisor training, or a registered qualified mental health professional who has practiced for three years and completed the required supervisor training. Registered qualified mental health professionals who have met the supervisor requirements may supervise activities within their scope. This supervision must occur under the broader required direction of and in collaboration with the licensed or licensed eligible mental health professional.

C. Pursuant to regulations adopted by the Board, an applicant for registration as a qualified mental health professional shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of didactic education in a program or programs recognized or approved by the Board; (ii) received, at a minimum, a bachelor's degree from an institution of higher education accredited by an accrediting agency recognized by the Board; and (iii) accumulated a specified number of hours of Board-approved supervised experience.

§ 54.1-3521. Scope of practice, supervision, and qualifications of qualified mental health professional-trainees.

A. A qualified mental health professional-trainee shall be qualified to perform, under Board-approved supervision, collaborative behavioral health services, including the supportive functions of (i) screening; (ii) intake; (iii) orientation; (iv) care coordination; (v) client education; (vi) referral activities; (vii) initiating crisis de-escalation; (viii) gathering histories of mental and physical health conditions, alcohol and drug use, past mental health treatment, and interactions with the criminal justice system; (ix) providing psychosocial skills development; (x) implementing interventions as assigned on individual plans of care and documenting the interventions for the purposes of recordkeeping; and (xi) prevention of mental health and substance use disorders. A registered qualified mental health professional-trainee shall not engage in independent or autonomous practice and shall only perform collaborative behavioral health services.

B. Such registered qualified mental health professional-trainees shall be supervised by a mental health professional licensed by the Department of Health Professions who has completed the required supervisor training, a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure and who has completed the required supervisor training, or a registered qualified mental health professional who has practiced for three years and completed the required supervisor training.

C. Pursuant to regulations adopted by the Board, an applicant for registration as a qualified mental health professional-trainee shall submit evidence satisfactory to the Board that the applicant has (i) completed a specified number of hours of didactic education in a program or programs recognized or approved by the Board and (ii) received, at a minimum, a bachelor's degree from an institution of higher education accredited by an accrediting agency recognized by the Board or is actively enrolled and in good standing in a bachelor's degree program from an institution of higher education accredited by an accrediting agency recognized by the Board.

2. That the Board of Counseling's initial adoption of regulations necessary to implement the provisions of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Counseling shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

3. That the Department of Behavioral Health and Developmental Services shall promulgate regulations that align with the regulations adopted by the Board of Counseling in accordance with this act. The Department of Medical Assistance Services shall promulgate any necessary regulations and submit any necessary State Plan amendments that align with changes made by the Department of Behavioral Health and Developmental Services and the Board of Counseling. The initial adoption of these regulations shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

4. That the Board of Counseling shall promulgate regulations in accordance with this act by November 1, 2024.

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

Jan 20, 2024 to Apr 5, 2024

NEW CASES RECEIVED BY BOARD Jan 20, 2024 to Apr 5, 2024
97

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
93

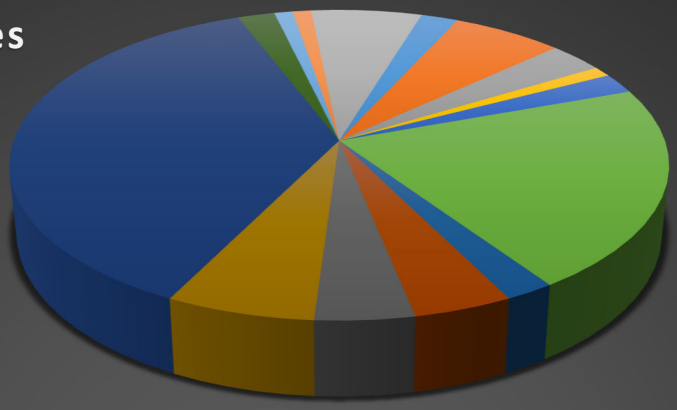
OPEN CASE STAGES as of Apr 5, 2024	
Probable Cause Review	121
Scheduled for Informal Conferences	14
Scheduled for Formal Hearings	7
Other (pending CCA, PHCO, hold, etc.)	19
Cases with APD for processing (IFC, FH, Consent Order)	7
TOTAL ACTIVE CASES AT BOARD LEVEL	**168**

CONFERENCES AND HEARINGS			
Informal Conferences			
Conferences Held:	n/a		
Scheduled Conferences:	Apr 12, 2024 July 26, 2024 Dec 13, 2024	May 17, 2024 Sep 20, 2024	Jun 14, 2024 Nov 15, 2024
Formal Hearings			
Hearings Held:	Feb 2, 2024		
Scheduled Hearings:	Apr 19, 2024	Oct 4, 2024	Aug 2, 2024

CASES CLOSED Jan 20, 2024 to Apr 5, 2024		
Closed – **No violation**		78
Closed – **Undetermined**		4
Closed – **Violation**		7
	Conference/Hearing held 1	
	Consent Order 4	
	Confidential Consent Agreement 1	
	Mandatory Suspension 1	
	Summary Suspension 0	
Credentials/Reinstatement – **Denied**		1
Credentials/Reinstatement – **Approved**		2
Credentials/Reinstatement – **Withdrawn**		3
TOTAL CASES CLOSED		**95**

Virginia Department of
Health Professions
Board of Counseling

Closed Case Categories



- Abuse/Abandonment/Neglect (2)
- Business Practice Issues (6)
- CE Noncompliance (3)
  3 violations (QMHP, 2 LPC)
- Compliance (1)
- Criminal Activity (2)
  2 violations (LPC, LSATP)
- Diagnosis/Treatment (20)
- Fraud, non-patient care (2)
- Fraud, patient care (4)
- Inability to Safely Practice (4)
- Inappropriate Relationship (6)
  2 violations (2 LPC)
- No jurisdiction (35)
- Records Release (2)
- Reinstatement (1)
  1 violation (LPC)
- Scope of Practice (1)
- Eligibility (6)
  1 denied (QMHP Appl)
  2 approved (LPC Appl, QMHP Appl)
  3 withdrawn (2 LPC Appl, RPRS Appl)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**185**
Avg. time in Enforcement (investigations)	99
Avg. time in APD (IFC/FH preparation)	28
Avg. time in Board (includes hearings, reviews, etc).	91

Virginia Department of
Health Professions
Board of Counseling

Discipline Staff for Behavioral Science Boards

Jennifer Lang, Deputy Executive Director
Christy Evans, Discipline and Compliance Case Manager
Cheryl Branch, Audit Specialist (part-time)
Discipline Reviewer, Board of Counseling (part-time)
Discipline Reviewer, Board of Psychology (part-time)
Discipline Reviewer, Board of Social Work (part-time)

CASES RECEIVED YEAR-TO-DATE PER BOARD Jan 1, 2024 – Apr 5, 2024	
Board of Counseling	**124**
Board of Psychology	45
Board of Social Work	58
TOTAL CASES RECEIVED	**227**

CURRENT OPEN CASES PER BOARD as of Apr 5, 2024	
Board of Counseling	**168**
Board of Psychology	120
Board of Social Work	179
TOTAL CASES WITH BOARD STAFF	**467**

Recent Orders entered by the Board of Counseling

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: KIMBERLY S. HARRELL, L.P.C.
License Number: 0701-004816
Case Number: 225607

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Kimberly S. Harrell, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Harrell's license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Kimberly S. Harrell, L.P.C., was issued License Number 0701-004816 to practice professional counseling on March 26, 2010. Said license is scheduled to expire on June 30, 2024.

2. Ms. Harrell violated 18 VAC 115-20-130(B)(1) and (D)(2) and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing the Practice of Professional Counseling in that she failed to maintain boundaries during the therapeutic relationship and engaged in a dual romantic and sexual relationship shortly after the termination of the therapeutic relationship with Client A, a 42-year-old female client who presented to therapy for anxiety and depression. Specifically:

a. Between March 13 and May 29, 2018, Client A met with Ms. Harrell in individual therapy sessions once or twice a week to address Client A's issues with depression and anxiety. In a written complaint to the Enforcement Division of the Virginia Department of Health Professions dated January 11, 2023, Client A stated that she confided in Ms. Harrell that she began to feel an intense fear of what it would be like to lose Ms. Harrell when treatment ended, and that she told Ms. Harrell that she wished Ms. Harrell was her sister or friend so that Ms. Harrell could comfort Client A.

b. In her complaint, Client A stated that she returned to therapy with Ms. Harrell in June 2018 after a vacation, at which time she observed that Ms. Harrell was no longer wearing her wedding ring and she asked Ms. Harrell about it. Client A further stated that when Ms. Harrell stated that her marriage had abruptly ended, Client A became extremely protective and, at around that point, Client A suggested that Ms. Harrell and Client A might be better off being friends.

c. On June 26, 2018, Ms. Harrell and Client A held a final termination therapy session where they agreed to terminate the therapeutic relationship by mutual decision.

d. In her interview with an investigator with the Virginia Department of Health Professions ("DHP Investigator") on March 7, 2023, Ms. Harrell stated that she moved into a new apartment around July 1, 2018, and that Client A showed up to her apartment on that occasion. Ms. Harrell denied inviting Client A to her apartment on that occasion but stated that she believed she invited Client A to her apartment on three or four occasions in late summer and/or early fall 2018. Ms. Harrell stated that she engaged in a personal friendship with Client A beginning in the late summer or early fall 2018.

e. By her own admission, Ms. Harrell engaged in a dual sexual relationship with Client A in fall 2018. In her interview with the DHP Investigator, she stated that the sexual relationship ended in September or October 2018 and that the entire relationship, including friendship, was over by November 2018.

f. In her interview with the DHP Investigator on March 6, 2023, Client A stated that the relationship with Ms. Harrell affected her mental health and that she went through major depression. She further stated that keeping the relationship secret to protect Ms. Harrell was stressful, and she felt she could not tell anyone, including her subsequent therapist. In addition, in their interviews with the DHP Investigator, Client A's subsequent therapist and her psychiatrist stated that the dual relationship between Client A and Ms. Harrell caused Client A harm.

3. During a therapy session in May 2018, Client A confided that she felt an intense fear of what it would be like to lose her as well as multiple other people. In a written statement dated February

24, 2023, Ms. Harrell stated that she did not interpret this as unusual, as Client A often expressed fear of losing others. Ms. Harrell stated that she interpreted this as fear of losing her support as a therapist. Ms. Harrell further stated that she did not interpret at it as problematic or outside the bounds of an appropriate client-therapist relationship at that time.

4. At the final termination session on June 26, 2018, Ms. Harrell provided Client A with a formal referral to another therapist. In addition, in her written statement, Ms. Harrell stated she informally provided an additional referral to Client A at a later time.

CONSENT

Kimberly S. Harrell, L.P.C., by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Grace Morse McNelis, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I neither admit nor deny the Findings of Fact and Conclusions of Law contained herein but waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The license issued to Kimberly S. Harrell, L.P.C., to practice professional counseling in the Commonwealth of Virginia is INDEFINITELY SUSPENDED for a period of not less than 18 months from the date of entry of this Order.

2. The license of Ms. Harrell will be recorded as SUSPENDED.

3. Ms. Harrell shall not petition the Board for reinstatement of the license for 18 months from entry of this Order. Should Ms. Harrell seek reinstatement of her license, an administrative proceeding shall be convened to consider such application. At such time, the burden shall be on Ms. Harrell to demonstrate that she is safe and competent to return to the practice of professional counseling. Ms. Harrell shall be responsible for any fees that may be required for the reinstatement and/or renewal of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 1/24/2024

SEEN AND AGREED TO:

DocuSigned by:
Kimberly Harrell
F6E477A9421C434...

Kimberly S. Harrell, L.P.C.

Date Signed 1/24/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: JOHN MEAD, QMHP-C APPLICANT
Case Number: 222501

RATIFICATION AND ORDER

On February 2, 2024, a panel of the Board met to receive and act upon the Recommended Decision of the Agency Subordinate. John Mead was not present nor was he represented by legal counsel.

In consideration whereof, the Board of Counseling ACCEPTS the attached Recommended Findings of Fact and Conclusions of Law of the Agency Subordinate and ADOPTS the Recommended Order in its entirety.

Pursuant to Virginia Code § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

Pursuant to Virginia Code § 54.1-2400(10), Mr. Mead may, not later than 5:00 p.m., on March 11, 2024, request a formal administrative hearing before the Board by notifying Jaime Hoyle, Executive Director, Board of Counseling, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated.

This Order shall become final on March 11, 2024, unless a request for a formal administrative hearing is received as described above.

FOR THE BOARD

for Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED AND MAILED ON:
February 6, 2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: JOHN MEAD, QMHP-C APPLICANT
Case Number: 222501

REPORT AND RECOMMENDATION OF AGENCY SUBORDINATE

Jurisdiction and Procedural History

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), Maria Stransky, L.P.C., C.S.A.C., C.S.O.T.P., serving as Agency Subordinate of the Virginia Board of Counseling ("Board"), held an informal conference on December 13, 2023 in Henrico County, Virginia, to receive and act upon John Mead's application for registration to practice as a qualified mental health professional – child in the Commonwealth of Virginia and to inquire into evidence that grounds may exist to deny said application.

Mr. Mead appeared at this proceeding and was not represented by legal counsel.

Upon consideration of the evidence, the Agency Subordinate makes the following Findings of Fact and Conclusions of Law and recommends that the Board adopt the following Order.

Recommended Findings of Fact and Conclusions of Law

1. John Mead submitted an application for registration to practice as a qualified mental health professional - child in the Commonwealth of Virginia. Said application, with all supporting documentation, was considered complete on July 25, 2022.

2. Mr. Mead does not meet the requirements of 18 VAC 115-80-50(B)(1) of the Regulations Governing the Registration of Qualified Mental Health Professionals ("Regulations") in that he failed to demonstrate that he obtained a master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness. Specifically, Mr. Mead has a bachelor's degree in criminology and criminal justice from University of Maryland and he does not have a master's degree.

3. Mr. Mead does not meet the requirements of 18 VAC 115-80-50(B)(2) of the Regulations in that he failed to demonstrate that he obtained a master's or bachelor's degree in a human services field or in special education, as verified by an official transcript, from an accredited college. Specifically, Mr. Mead does not have a master's degree, and he holds a bachelor's degree in criminology and criminal justice, which is not a degree in special education or in a human services field.

4. Mr. Mead does not meet the requirements of 18 VAC 115-80-50(B)(3) and (4) of the Regulations in that he is not licensed to practice as an occupational therapist or as a registered nurse in Virginia. Specifically, on his application, Mr. Mead denied that he had ever been issued a mental health or health professional license/certification/registration in any jurisdiction.

Recommended Order

Based on the foregoing Findings of Fact and Conclusions of Law, the Agency Subordinate recommends that the Board issue an Order that the application of John Mead for registration to practice as a qualified mental health professional - child in the Commonwealth of Virginia is DENIED.

Reviewed and approved
By Maria Stransky, L.P.C., C.S.A.C., C.S.O.T.P.
Agency Subordinate

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: AMY AUSTIN DICKENSON, QMHP TRAINEE APPLICANT
Case Number: 236315

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Amy Austin Dickenson, QMHP Trainee Applicant, as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Dickenson's application for registration to practice as a qualified mental health professional trainee in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Amy Austin Dickenson, QMHP Trainee Applicant, was issued License Number 0024-172952 to practice as a nurse practitioner on September 22, 2015, which is scheduled to expire on April 30, 2024. Ms. Dickenson was also issued License Number 0001-224944 to practice professional nursing on June 18, 2010, which is scheduled to expire on April 30, 2024. On August 20, 2023, Amy Austin Dickenson, QMHP Trainee Applicant, submitted an application for registration to practice as a qualified mental health professional trainee in the Commonwealth of Virginia.

2. By order of the Virginia Board of Nursing entered on April 5, 2022, Ms. Dickinson was reprimanded and placed on probation, subject to terms and conditions, for writing 43 fraudulent prescriptions for oxycodone (C-II) and hydrocodone (C-II), using the names of family members and purported patients, and then filling those prescriptions for her own personal and unauthorized use.

3. By order of the Virginia Committee of the Joint Boards of Nursing and Medicine entered on November 22, 2022, Ms. Dickinson's license to practice as a nurse practitioner was indefinitely suspended, and the suspension was stayed upon proof of Ms. Dickenson's entry into the Health Practitioner's Monitoring Program ("HPMP"). This order requires that Ms. Dickenson comply with all terms and conditions of the HPMP for the period specified by the HPMP.

4. Ms. Dickenson violated 18 VAC 115-80-35(C) and 18 VAC 115-80-100(3) and (8) of the Regulations Governing the Registration of Qualified Mental Health Professionals ("Regulations"), in that actions have been taken against Ms. Dickenson's license to practice registered nursing and her license to practice as a nurse practitioner based on findings that she was unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition. Specifically, prior orders of the Board of Nursing and the Committee of the Joint Boards of Nursing and Medicine concluded that Ms. Dickenson wrote 43 fraudulent prescriptions for oxycodone and hydrocodone, filled 41 of those prescriptions for personal use, and diverted more than 3,200 tablets, which she consumed. Further, in or about February 2021, Ms. Dickenson was charged with five felony counts of prescription fraud and, pursuant to a plea agreement dated May 19, 2021, was permitted to enter into the first offender program, such that if she completed all required terms of the program, her charges would be dismissed. Ms. Dickenson's charges were dismissed on June 23, 2022.

5. Ms. Dickenson otherwise meets the requirements of 18 VAC 115-80-35 of the Regulations.

6. Pursuant to Virginia Code § 54.1-2400.2(K), the Board considered whether to disclose or not disclose Ms. Dickenson's health records or health services.

CONSENT

Amy Austin Dickenson, QMHP Trainee Applicant, by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my application for a registration except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my application for a registration to practice as a qualified mental health professional trainee in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. The application of Amy Austin Dickenson, QMHP Trainee Applicant, for registration to practice as a qualified mental health professional trainee in the Commonwealth of Virginia is GRANTED contingent upon the following conditions:

a. The registration of Amy Austin Dickenson to practice as a qualified mental health professional trainee is INDEFINITELY SUSPENDED.

b. The registration will be recorded as suspended.

c. The suspension is and shall remain STAYED contingent upon Ms. Dickenson's continued compliance with all terms and conditions of the HPMP for the period specified by the HPMP.

d. Upon receipt of evidence of Ms. Dickenson's participation in and successful completion of the terms specified by the HPMP, the Board, at its discretion, may waive Ms. Dickenson's appearance before the Board and conduct an administrative review of this matter, at which time she may be issued an unrestricted registration.

e. Failure to comply with the terms and conditions of the stay of suspension shall result in the immediate rescission of the stay of suspension of the registration of Ms. Dickenson and the registration shall be recorded as suspended. After any rescission of the stay of suspension, Ms. Dickenson

may, within 33 days of the effective date of the rescission, request a formal administrative hearing before the Board.

2. Ms. Dickenson shall bear any costs associated with the terms and conditions of this Order.

3. Ms. Dickenson shall comply with all laws and regulations governing her registration as a qualified mental health professional trainee in the Commonwealth of Virginia.

4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing her registration as a qualified mental health professional trainee shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 2/28/2024

SEEN AND AGREED TO:

DocuSigned by:
Amy Dickenson
6E946C66807C4AC...

Amy Austin Dickenson, QMHP Trainee Applicant

Date Signed: 2/23/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: BARRY S. LAWLOR, L.P.C.
License Number: 0701-004538
Case Number: 224591

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Barry S. Lawlor, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Mr. Lawlor's license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Barry S. Lawlor, L.P.C., was issued License Number 0701-004538 to practice professional counseling on February 11, 2009. Said license is scheduled to expire on June 30, 2024.

2. Mr. Lawlor violated 18 VAC 115-20-130(B)(1) and (D)(2) and 18 VAC 115-20-140(A)(3), (4), (7), and (8) of the Regulations Governing the Practice of Professional Counseling in that he failed to maintain appropriate boundaries and engaged in a dual sexual and therapeutic relationship with Client A, a 24-year-old female client with a history of anxiety and sexual trauma. In addition, the dual relationship caused harm to Client A. Specifically:

a. Between March 3, 2021, and November 3, 2022, Mr. Lawlor provided individual therapy to Client A, for anxiety and a history of sexual trauma. In addition, Client A disclosed a history of sexual intimacy issues with her husband, which Mr. Lawlor discussed with her in therapy sessions.

b. Between June and July 2022, after Client A connected with Mr. Lawlor on social media, Mr. Lawlor began to send messages to Client A that were sexually explicit in nature and in which he shared information about his sex life. In addition, he sent Client A a message telling her that he used

her pictures on one of her social media accounts to masturbate. Mr. Lawlor also told Client A that he had been attracted to her since her initial intake session.

c. In an interview with an investigator for the Virginia Department of Health Professions on May 1, 2023, Client A stated that the situation with Mr. Lawlor affected all areas of her life, impacted her sexual relationship with her husband, and caused her to develop a fear of men or of being in public, where she might run into Mr. Lawlor.

d. In a written statement dated May 24, 2023, Mr. Lawlor further stated that he ceased the inappropriate communications with Client A around August or September 2022, when Client A advised him that she was uncomfortable with the situation. However, Mr. Lawlor continued to provide therapy for Client A until November 3, 2022, and he failed to refer her to another treatment provider.

3. In November 2022, Client A reported Mr. Lawlor's conduct to his employer. Mr. Lawlor accepted responsibility for his actions with his employer and self-reported his misconduct to the enforcement division of the Virginia Department of Health Professions. In response to the situation, Mr. Lawlor's employer placed him on a structured corrective action plan that included requirements that he complete professional boundary training, that he engage in personal therapy, that he undergo weekly practice supervision, and that he discontinue any and all contact with clients via social media. In addition, Mr. Lawlor was restricted from providing counseling services for female clients for the foreseeable future.

4. In an interview with the DHP Investigator on May 19, 2023, Leslie Stachelski, L.P.C., stated that she had been providing therapy to Mr. Lawlor since February 2022. Ms. Stachelski stated that when Mr. Lawlor admitted to her that he had an inappropriate online sexual relationship with a client, he appeared distraught and that he has been full of shame throughout the process. She further stated that Mr. Lawlor understood that multiple people have been harmed by his actions and that his actions were wrong. Ms. Stachelski stated that she believed Mr. Lawlor was safe to practice.

5. Mr. Lawlor has expressed remorse for his actions. In his interview with the DHP Investigator, Mr. Lawlor stated that he was much more careful with his self-care following this situation and that he had a better understanding of the power he has as a counselor.

CONSENT

Barry S. Lawlor, L.P.C., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by William Mitchell, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I neither admit nor deny the Findings of Fact and Conclusions of Law contained herein but waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS that Barry S. Lawlor, L.P.C., be placed on INDEFINITE PROBATION for a period of not less the 18 months of active clinical practice subject to the following terms and conditions:

1. The period of probation shall begin on the date that this Order is entered and shall continue INDEFINITELY. Mr. Lawlor may request that the Board terminate his probation after not less than 18

months from the date this Order is entered. Upon receipt of evidence that Mr. Lawlor has complied with the terms and conditions of this Order for not less than 18 months of active clinical practice, the Board authorizes the Executive Director of the Board to terminate the probation imposed on Mr. Lawlor's license. In the alternative, the Executive Director may refer the matter to a Special Conference Committee of the Board for further administrative proceedings.

2. All reports required by this Order shall be submitted in writing to the Board office with the first report being received no later than 40 days following the date that this Order is entered. Subsequent reports must be received quarterly by the last day of the months of March, June, September, and December until the period of probation ends. Mr. Lawlor is fully responsible for ensuring that all required reports are properly submitted and received by the Board in a timely manner.

3. Within 40 days of entry of this Order, Mr. Lawlor shall enter into individual supervision of his practice with a Board-approved supervisor, under the following terms:

a. Said supervisor shall be a licensee of the Virginia Board of Counseling and shall hold a current, active, and unrestricted license to practice as a licensed professional counselor in the Commonwealth of Virginia. Said supervisor shall submit his/her resume, qualifications and credentials to the Board for approval, and shall act as a duly constituted agent of the Board. Mr. Lawlor shall meet with the supervisor within 15 days of the date of approval for the purpose of beginning supervision. Mr. Lawlor will ensure that the Board-approved supervisor receives a copy of this Order prior to supervision commencing. Prior to any change of supervision, Mr. Lawlor must obtain Board approval.

b. Mr. Lawlor and his supervisor shall meet in person at least one hour per week of practice during the period of probation, in a supervisory session for the purpose of engaging in continuous audit and monitoring of Mr. Lawlor's practice. Upon request of his supervisor, Mr. Lawlor shall provide his supervisor with any individual client records for review for supervisory purposes.

c. Mr. Lawlor's supervisor shall submit a detailed review of the supervisory activities in addition to any supervisory recommendations to the Board. These reviews shall be sent to the Board office quarterly as stated in Term No. 2 of this Order. Should Mr. Lawlor or his practice supervisor request modification of the terms of this Order, said request shall be proffered in writing to the Board.

d. Mr. Lawlor shall bear all reasonable expenses of his supervisor including a per hour charge for the supervision, report writing, and information gathering of the supervisor at his/her hourly fee.

e. Should Mr. Lawlor and/or his supervisor terminate supervision, within 10 days of the termination of supervision, Mr. Lawlor shall notify the Board of the termination, the date(s) of the termination and the last supervisory session, and the reason for the termination of the supervisory relationship. In addition, within 10 days of the date of termination of supervision, Mr. Lawlor shall submit the name and curriculum vitae of a new supervisor for approval by the Board. If Mr. Lawlor fails to submit the name and curriculum vitae of a new supervisor to the Board within 10 days of termination of supervision, Mr. Lawlor shall discontinue clinical practice until such time as he is able to submit the name and curriculum vitae of a new supervisor and obtain approval of the new supervisor from the Board. Supervision with any new supervisor shall be subject to the terms and conditions of this Order.

4. Mr. Lawlor shall continue individual psychotherapy with Leslie Stachelski, L.P.C., or, within 40 days of the date of entry of this Order, Mr. Lawlor shall begin individual psychotherapy with a mental health practitioner. Prior to beginning therapy or to changing therapists, Mr. Lawlor shall submit the name and curriculum vitae of the practitioner for approval by the Board. Mr. Lawlor shall advise the Board when he has made an appointment and shall await authorization from the Board before seeing the practitioner. Mr. Lawlor will ensure that Ms. Stachelski or any other Board-approved therapist receives a copy of this Order within 40 days of the date of entry of this Order or prior to therapy commencing. Mr.

Lawlor's therapist shall provide written reports regarding Mr. Lawlor's condition quarterly as stated in Term No. 2 of this Order. The initial report shall include a statement of the diagnosis, treatment plan, and prognosis. Thereafter, each report shall contain a detailed statement on the current condition, prognosis, and any change in the treatment plan or diagnosis. This treatment shall include individual psychotherapy sessions, the frequency of which will be determined by the treatment provider.

5. Within 40 days of the date of entry of this Order, Mr. Lawlor shall provide a copy of the Order in its entirety to any current employers in a health or mental health setting within, and each current employer in a health or mental health setting shall provide written verification to the Board that they have seen this Order and are aware of the restrictions on Mr. Lawlor's practice. In addition, Mr. Lawlor shall also provide each future employer in a health or mental health setting with a copy of this Order in its entirety prior to or on the first day of his employment, and within 10 days of his beginning new employment in a health or mental health setting, each future employer shall provide written verification to the Board that they have seen this Order and are aware of the restrictions on Mr. Lawlor's practice. Any and all employers in a health or mental health setting shall provide written reports regarding Mr. Lawlor's performance on a quarterly basis as stated in Term No. 2 of this Order. The reports shall include the employer's opinion of his practice judgment and will notify the Board of any disciplinary actions and concerns with his practice.

6. Mr. Lawlor shall sign all required authorization forms within 40 days of the date of entry of this Order or, where applicable, within 10 days of the Board's approval of a practice supervisor or therapist, allowing for unrestricted communication between and among the Board, Mr. Lawlor's practice supervisor, and Mr. Lawlor's therapist.

7. Mr. Lawlor shall terminate supervision of any students, interns, residents, and/or supervisees whom he currently supervises within 45 days from the date this Order is entered and shall not supervise any applicant for licensure and/or mental health practitioner during the probation period.

8. Mr. Lawlor shall submit "Self-Reports" quarterly as stated in Term No. 2 of this Order. These reports shall include a current address, telephone number, and verification of any and all current practice employment, as well as any changes in practice employment status. Self-Reports must be submitted whether Mr. Lawlor has current practice employment or not.

9. Mr. Lawlor shall notify the Board within ten days, in writing, of any changes in the location of his practice; additional practice locations; change in employment, including termination, suspension, separation, or other interruption in practice (including the name and address of any new employer and the date of employment); change in address, telephone number, or e-mail address; and/or criminal charges or convictions.

10. Mr. Lawlor shall bear any costs associated with the terms and conditions of this Order.

11. Mr. Lawlor shall comply with all laws and regulations governing the practice of professional counseling in the Commonwealth of Virginia.

12. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of professional counseling shall constitute grounds for further disciplinary action.

13. Failure to comply with all terms and conditions of this Order within five years of the date of entry of the Order may be reason for revoking or suspending the license of Mr. Lawlor and an administrative proceeding shall be held to determine whether to impose such action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
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Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 3/28/2024

SEEN AND AGREED TO:

DocuSigned by:
Barry Lawlor, LPC
EE3A263109604BF...

Barry S. Lawlor, L.P.C.

Date Signed: 3/27/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: ARIELLA LEAH GERSHENSON, L.P.C.
License Number: 0701-010770
Case Number: 237033

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Ariella Leah Gershenson, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Gershenson's license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Ariella Leah Gershenson, L.P.C., was issued License Number 0701-010770 to practice professional counseling on August 26, 2021, which is scheduled to expire on June 30, 2024.

2. Ms. Gershenson violated 18 VAC 115-20-105(A) and 18 VAC 115-20-140(A)(6) of the Regulations Governing the Practice of Professional Counseling, in that, Ms. Gershenson certified that she completed her required twenty hours of continuing education ("CE") credits, but when required to provide documentation of her CE hours, Ms. Gershenson could only provide evidence of eight hours of CE credits taken within the audit period from July 1, 2022 through June 30, 2023. Specifically, when Ms. Gershenson renewed her license on June 12, 2023, she attested that she had completed the required twenty hours of CE credits for the period July 1, 2022 through June 30, 2023. However, when Ms. Gershenson was selected for a random audit of her CE documentation, she was only able to produce evidence of 8 CE credits taken during the renewal period.

CONSENT

Ariella Leah Gershenson, L.P.C., by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. Ariella Leah Gershenson, L.P.C., is assessed a MONETARY PENALTY of $300.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. Within 60 days of the execution of this agreement, Ariella Leah Gershenson, L.P.C., shall provide proof satisfactory to the Board that she has successfully completed twelve hours of continuing education credits for the audit period July 1, 2022 through June 30, 2023.

3. Ms. Gershenson shall comply with all laws and regulations governing the practice of professional counseling in the Commonwealth of Virginia.

4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of professional counseling shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
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Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 4/2/2024

SEEN AND AGREED TO:

DocuSigned by:
Ariella Gershenson, LPC
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Ariella Leah Gershenson, L.P.C.

Date Signed: 4/1/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

IN RE: KESHANDA VERNELL GARLAND, L.P.C.
License Number: 0701-008412
Case Number: 237357

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Counseling ("Board") and Keshanda Vernell Garland, L.P.C., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Ms. Garland's license to practice professional counseling in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Keshanda Vernell Garland, L.P.C., was issued License Number 0701-008412 to practice professional counseling on June 18, 2019, which is scheduled to expire on June 30, 2024.

2. Ms. Garland violated 18 VAC 115-20-105(A) and 18 VAC 115-20-140(A)(6) of the Regulations Governing the Practice of Professional Counseling, in that, when renewing her license for the period from July 1, 2022 through June 30, 2023, Ms. Garland certified to the Board that she had completed the required twenty hours of continuing education ("CE") credits, including a minimum of two hours of ethics credits, but when required to provide documentation of her CE hours to the Board, Ms. Garland failed to do so.

CONSENT

Keshanda Vernell Garland, L.P.C., by affixing her signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice professional counseling in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Counseling hereby ORDERS as follows:

1. Keshanda Vernell Garland, L.P.C., is assessed a MONETARY PENALTY of $300.00. This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within 60 days from the date of entry of this Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

2. Within 60 days of the execution of this agreement, Keshanda Vernell Garland, L.P.C., shall provide proof satisfactory to the Board that she has successfully completed twenty hours of continuing education credits, including a minimum of two ethics credits, for the audit period from July 1, 2022 through June 30, 2023.

3. Ms. Garland shall comply with all laws and regulations governing the practice of professional counseling in the Commonwealth of Virginia.

4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of professional counseling shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

Jaime Hoyle, J.D.
Executive Director
Virginia Board of Counseling

ENTERED: 4/3/2024

SEEN AND AGREED TO:

DocuSigned by:
Keshanda Garland, LPC
E3FA9AABEBA6439...

Keshanda Vernell Garland, L.P.C.

Date signed: 4/3/2024

Virginia Department of
Health Professions
Board of Counseling

LICENSING REPORT

Satisfaction Survey Results	
2024 2nd Quarter (October 1 – December 31, 2023)	**91.4%**
2024 1st Quarter (July 1 – September 30, 2023)	**92.7%**

Totals as of April 10, 2024*

Current Active Licenses	
Certified Substance Abuse Counselor	1,775
CSAC Supervisee	2,483
Substance Abuse Counseling Assistant	294
Licensed Marriage and Family Therapist	1,095
Marriage & Family Therapist Resident	173
Licensed Professional Counselor	9,567
Resident in Counseling	3,263
Substance Abuse Treatment Practitioner	484
Substance Abuse Treatment Residents	15
Rehabilitation Provider	136
Qualified Mental Health Prof-Adult	6,841
Qualified Mental Health Prof-Child	4,567
Trainee for Qualified Mental Health Prof	9,168
Registered Peer Recovery Specialist	758
Total	**40,619***

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registrations Issued

License Type	November 2023	December 2023	January 2024	February 2024	March 2024*
Certified Substance Abuse Counselor	5	6	8	4	9
CSAC Supervisee	36	29	31	71	34
Certified Substance Abuse Counseling Assistant	2	2	2	6	7
Licensed Marriage and Family Therapist	7	5	6	18	6
Marriage & Family Therapist Resident	3	1	5	5	1
Pre-Education Review for LMFT	1	0	0	0	1
Licensed Professional Counselor	75	99	89	79	92
Resident in Counseling	66	62	99	86	50
Pre-Education Review for LPC	7	7	9	3	10
Substance Abuse Treatment Practitioner	6	3	5	5	2
Substance Abuse Treatment Residents	0	1	0	0	1
Pre-Education Review for LSATP	1	0	0	0	0
Rehabilitation Provider	1	1	0	1	0
Qualified Mental Health Prof-Adult	40	49	60	53	69
Qualified Mental Health Prof-Child	26	29	39	32	51
Trainee for Qualified Mental Health Prof	122	128	180	188	156
Registered Peer Recovery Specialist	17	14	18	22	37
Total	**415**	**436**	**551**	**573**	**526**

*Unofficial numbers (for informational purposes only)

Virginia Department of
Health Professions
Board of Counseling

Licenses, Certifications and Registration Applications Received

Applications Received	November 2023*	December 2023*	January 2024*	February 2024*	March 2024*
Certified Substance Abuse Counselor	12	12	18	11	11
CSAC Supervisee	39	35	69	48	46
Certified Substance Abuse Counseling Assistant	4	8	15	6	6
Licensed Marriage and Family Therapist	10	8	13	14	7
Marriage & Family Therapist Resident	3	7	5	4	0
Pre-Education Review for LMFT	0	0	1	0	0
Licensed Professional Counselor	102	99	100	86	111
Resident in Counseling	52	80	122	67	53
Pre-Education Review for LPC	11	6	9	6	7
Substance Abuse Treatment Practitioner	6	5	7	8	4
Substance Abuse Treatment Residents	2	3	0	1	2
Pre-Education Review for LSATP	1	0	0	0	0
Rehabilitation Provider	1	1	0	0	0
Qualified Mental Health Prof-Adult	77	67	103	79	93
Qualified Mental Health Prof-Child	61	36	66	49	73
Trainee for Qualified Mental Health Prof	163	160	213	202	172
Registered Peer Recovery Specialist	16	20	26	31	34
Total	**560**	**547**	**767**	**612**	**619**

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

  - The Board currently has six full-time positions and one part-time position to answer phone calls, emails and to process applications across all license, certification and registration types.
    - Board of Counseling Licensing and Operations Manager *(effective 3/25/2024)*
    - Licensing Staff:
      - Victoria Cunningham – Licensing Specialist (Full-Time)
      - Dalyce Logan – Licensing Specialist (Full-Time)
      - Trasean Boatwright – Licensing Specialist (Full -Time) *(effective 4/10/2024)*
    - QMHP Staff:
      - Sandie Cotman – Licensing Program Manager (Full-Time)
      - Shannon Brogan – Licensing Specialists (Full-Time)
      - Marcus Jones - Licensing Administration Assistant (Part-Time)