BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
Friday, January 4, 2019 – 10:00 a.m.
Second Floor – Perimeter Center, Board Room 4

10:00 a.m. **Call to Order – Johnston Brendel, Ed.D, LPC, LMFT, Chairperson**

10:05 a.m. **Ordering of the Agenda**

Approval of Minutes*

Public Comment
The Board will receive public comment related to agenda items at this time. The Board will not receive comments on any pending regulations process for which a public comment period has closed or any pending or closed complaint or disciplinary matter. Public Comment will be limited to 3 minutes per person.

Unfinished Business
- Period Review Discussion

New Business
- CSAC Scope of Practice
- Next Regulatory Meeting

5:00 p.m. **Adjourn**

Approval of Counseling Regulatory Board Meeting Minutes

November 1, 2018

VIRGINIA BOARD OF COUNSELING
REGULATORY COMMITTEE MEETING
DRAFT MINUTES
Thursday, November 1, 2018

TIME AND PLACE:	The meeting was called to order at 10:05 a.m. on Thursday, November 1, 2018, in Board Room 2 at the Department of Health Professions (DHP), 9960 Mayland Drive, Henrico, Virginia.
PRESIDING:	Johnston Brendel, Ed.D., LPC, LMFT, Chairperson
COMMITTEE MEMBERS PRESENT:	Kevin Doyle, Ed.D., LPC, LSATP Danielle Hunt, LPC Vivian Sanchez-Jones, Citizen Member
ABSENT:	Holly Tracy, LPC, LMFT
STAFF PRESENT:	Tracey Arrington-Edmonds, Licensing Specialist Jaime Hoyle, Esq., Executive Director Jennifer Lang, Deputy Executive Director Charlotte Lenart, Licensing Manager
OTHERS PRESENT:	Elaine Yeatts, DHP Senior Policy Analyst
PUBLIC IN ATTENDANCE:	Chuck Wilcox of the Virginia Association of Addiction Professionals Becky Bowers-Lanier of Virginia Association of Treatment and Recovery Providers (VATARP)/Substance Abuse Addiction Recovery Alliance (SAARA).
PUBLIC HEARING:	The Committee held a public hearing to discuss amended regulations for certified substance abuse counselors (CSAC) and certified substance abuse counseling assistant (CSAC-A). Mr. Wilcox, of the Virginia Association of Addiction Professionals, suggested that the Board should consider listing the scope of practice and the supervisor responsibility for each substance abuse, regulated credential to be stated in the regulations. Mr. Wilcox also suggested the Board detail this information on the website.
ORDERING OF THE AGENDA:	The agenda was accepted as presented.
APPROVAL OF MINUTES:	Ms. Sanchez-Jones moved to approve the minutes of the May 17, 2018 meeting. Dr. Doyle seconded the motion, and it passed unanimously.
PUBLIC COMMENT:	There was no public comment.

DISCUSSIONS:

I. Unfinished Business:

- Foreign degree discussion: The Committee voted to recommend that the Board adopt Proposed Regulations for foreign degree graduates. The regulatory action would provide a pathway for foreign-trained graduates in counseling to obtain licensure as a professional counselor in Virginia if they can provide documentation from an acceptable credential evaluation services that allows the board to determine if the program meets the requirements set forth in regulation.

II. New Business:

- Petition for Rule-Making Discussion: Charles R. McAdams, III petitioned that the Board adopt proposed language of the National Counselor Licensure Endorsement Process (NCLEP) in section B, Chapter 18VAC115-20-45 Prerequisites for licensure by endorsement of the Regulations Governing the Practice of Professional Counselor (Title of Regulations 18 VAC 115-20-10) "PC". Dr. Doyle made a motion to reject the petitioner's request to initiate rulemaking but to consider the content during the scheduled periodic review. Ms. Hunt seconded the motion, and it passed unanimously. Ms. Hunt made a motion that the Committee take action during the periodic review to recognize Certified Clinical Mental Health Counselors (CCMHC) by the National Board for Certified Counselors (NBCC) as a Board recognized entity for purposes of endorsement. Dr. Doyle seconded the motion, and it passed unanimously.

- Residency Status Discussion: Joan Normandy-Dolberg informed Board staff that she was pursuing a legislator to sponsor legislation during the 2019 General Assembly to authorize the Board of Counseling to issue a temporary, resident license to individuals approved to begin their residency towards licensure as a professional counselor. No action required at this time, but Ms. Normandy-Dolberg wanted the Board to know of her plans in advance, and have the opportunity to voice any concerns.

- The Association for Addiction Professionals (NAADAC) National Certified Addiction Counselor, Level I (NCACI) Examination – Online Proctoring Discussion: Examination Trends –NAADAC does not prohibit anyone from taking the examination online under the observation of a proctor. The Committee requested staff to schedule a demonstration at the next meeting.

- Reciprocity Discussion: Dr. Doyle made a motion made for staff to compile a report of the contiguous states (Maryland, West Virginia, Tennessee, Kentucky and North Carolina) and the District of Columbia licensure requirements in order for the Committee to pursue reciprocity agreements. Dr. Brendel seconded the motion, and it passed unanimously.

- Periodic Review Discussion: The Committee began its periodic review discussion.

Chapter	Board of Counseling	Outcome of Discussion
18 VAC 115-15	Regulations Covering Delegation to an Agency Subordinate	Ms. Hunt made a motion that 18VAC115-15-20 Criteria for delegation, be updated as follows: "Cases that may not be delegated to an agency subordinate include violations of standards of practice as set forth in regulations governing each profession registered, certified or licensed by the Board, except as may otherwise be determined by a single person (agency subordinate or determined by the Board) in

		consultation with the Board chair." It was seconded by Dr. Doyle and passed unanimously.
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.
18 VAC 115-50	Regulations Governing Marriage and Family Therapists	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.
18 VAC 115-60	Regulations Governing Licensed Substance Abuse Treatment Practitioners	No action. To be discussed at an additional Regulatory Committee meeting in January 2019.

NEXT SCHEDULED MEETING: Staff will work with the committee to schedule an additional meeting in January 2019. Then, the usual quarterly meeting is scheduled for February 7, 2019.

ADJOURNMENT: The meeting adjourned at 12:05 p.m.

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

Date

Jaime Hoyle, JD
Executive Director

Date

Periodic Reviews

Regulations to be Reviewed by Regulatory Committee

Please review and mark any sections that need to be amended, clarified, or repealed

Notice of Periodic Review of Regulations

Request for Comment

Virginia Board of Counseling

The Virginia Board of Counseling is conducting a periodic review of the following regulations and is requesting comment on the current regulations:

Chapter	Board of Counseling
18 VAC 115-15	Regulations Governing Delegation to an Agency Subordinate
18 VAC 115-20	Regulations Governing the Practice of Professional Counseling
18 VAC 115-50	Regulations Governing the Practice of Marriage and Family Therapy
18 VAC 115-60	Regulations Governing the Licensure of Substance Abuse Professionals

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

Comment Begins: August 6, 2018 Comment Ends: September 5, 2018

If any member of the public would like to comment on these regulations, please comment on the Virginia Regulatory Townhall at: www.townhall.virginia.gov

Or send comments by the close of the comment period to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Comments may also be e-mailed to: elaine.yeatts@dhp.virginia.gov or faxed to: (804) 527-4434

Regulations may be viewed on-line at www.dhp.virginia.gov or copies will be sent upon request.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF PROFESSIONAL COUNSELING

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-20-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Revised Date: December 28, 2017

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Part I. General Provisions.

18VAC115-20-10. Definitions.

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

"Board"

"Counseling"

"Professional counselor"

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

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

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

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

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

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

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

"CORE" means Council on Rehabilitation Education.

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

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

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

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

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

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

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

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

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

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual or group

consultation, guidance, and instruction that is specific to the clinical counseling services being performed with respect to the clinical skills and competencies of the person supervised.

18VAC115-20-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a professional counselor:

Active annual license renewal	$130
Inactive annual license renewal	$65
Initial licensure by examination: Application processing and initial licensure	$175
Initial licensure by endorsement: Application processing and initial licensure	$175
Registration of supervision	$65
Add or change supervisor	$30
Duplicate license	$10
Verification of licensure to another jurisdiction	$30
Late renewal	$45
Reinstatement of a lapsed license	$200
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-20-30. (Repealed.)

18VAC115-20-35. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

Part II. Requirements for Licensure.

18VAC115-20-40. Prerequisites for licensure by examination.

Every applicant for licensure examination by the board shall:

1. Meet the degree program requirements prescribed in 18VAC115-20-49, the course work requirements prescribed in 18VAC115-20-51, and the experience requirements prescribed in 18VAC115-20-52; and

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-20-49 and 18VAC115-20-51. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of Supervision forms documenting fulfillment of the residency requirements of 18VAC115-20-52 and copies of all required evaluation forms, including verification of current licensure of the supervisor if any portion of the residency occurred in another jurisdiction;

d. Verification of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee as prescribed in 18VAC115-20-20.; and

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

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-20-45. Prerequisites for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license in another U. S. jurisdiction and shall submit the following:

1. A completed application;

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

3. 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. Documentation of having completed education and experience requirements as specified in subsection B of this section;

5. Verification of a passing score on an examination required for counseling licensure in the jurisdiction in which licensure was obtained;

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

7. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-20-49 and 18VAC115-20-51 and experience requirements consistent with those specified in 18VAC115-20-52;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services or clinical supervision of counseling services; or

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

18VAC115-20-49. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice counseling, as defined in §54.1-3500 of the Code of Virginia, which is offered by a

college or university accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP or CORE are recognized as meeting the requirements of subsection A of this section.

18VAC115-20-50. (Expired.)

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions 1 through 12 of this subsection:

1. Professional counseling identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Human growth and development;

5. Group counseling and psychotherapy, theories and techniques;

6. Career counseling and development theories and techniques;

7. Appraisal, evaluation and diagnostic procedures;

8. Abnormal behavior and psychopathology;

9. Multicultural counseling, theories and techniques;

10. Research;

11. Diagnosis and treatment of addictive disorders;

12. Marriage and family systems theory; and

13. Supervised internship of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

B. If 60 graduate hours in counseling were completed prior to April 12, 2000, the board may accept those hours if they meet the regulations in effect at the time the 60 hours were completed.

18VAC115-20-52. Residency requirements.

A. Registration. Applicants who render counseling services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

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

3. Pay the registration fee.

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

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

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

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

5. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical counseling services. The remaining hours may be spent in the performance of ancillary counseling services.

6. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-20-49 may count for up to an additional 300 hours towards the requirements of a residency.

7. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

8. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervision.

9. Residents may not call themselves professional counselors, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or professional counselors. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Counseling" in all written communications. Clients shall be informed in writing of the resident's status and the supervisor's name, professional address, and phone number.

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

11. Residency hours approved by the licensing board in another United States jurisdiction that meet the requirements of this section shall be accepted.

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

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

2. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-20-106; and

3. Shall hold an active, unrestricted license as a professional counselor, or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance

abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

5. The supervisor shall provide supervision as defined in 18VAC115-20-10.

18VAC115-20-60. (Repealed.)

Part III. Examinations.

18VAC115-20-70. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure by examination by the board as a professional counselor shall pass a written examination as prescribed by the board.

B. Every applicant for licensure by endorsement shall have passed a licensure examination in the jurisdiction in which licensure was obtained.

C. A candidate approved to sit for the examination shall pass the examination within two years from the date of such initial approval. If the candidate has not passed the examination by the end of the two-year period here prescribed:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

D. The board shall establish a passing score on the written examination.

E. A candidate for examination or an applicant shall not provide clinical counseling services unless he is under supervision approved by the board.

18VAC115-20-80. (Repealed.)

18VAC115-20-90. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

18VAC115-20-100. Annual renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-20-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-20-20. No person shall practice counseling in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in18VAC115-20-110.C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. Practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-20-105. Continued competency requirements for renewal of a license.

A. Licensed professional counselors shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice, or laws governing behavioral science professions in Virginia.

B. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section, subsection A of 18VAC115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A professional counselor who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-20-106. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved mental health related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars conferences or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.
(2) The American Association for Marriage and Family Therapy and its state affiliates.
(3) The American Association of State Counseling Boards.
(4) The American Counseling Association and its state and local affiliates.
(5) The American Psychological Association and its state affiliates.
(6) The Commission on Rehabilitation Counselor Certification.
(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.
(8) National Association of Social Workers.
(9) National Board for Certified Counselors.
(10) A national behavioral health organization or certification body.
(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.
(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours.)New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision provided to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officer of state or national counseling organization; editor and/or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; or other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include: language courses, software training, and medical topics, etc.

18 VAC 115-20-107. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-20-110. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-20-20 as well as the license renewal fee prescribed for

the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-20-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education training and experience accurately to clients;

3. Stay abreast of new counseling information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18VAC115-20-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of professional counseling, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice counseling with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with continued competency requirements set forth in this chapter; or

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18 VAC115-20-150. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE CERTIFICATION OF REHABILITATION PROVIDERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-40-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

Revised Date: February 8, 2017

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Part I. General Provisions.

18VAC115-40-10. Definitions.

A. The terms "board," "certified rehabilitation provider," and " professional judgment," when used in this chapter, shall have the meanings ascribed to them in §§54.1-3500 and 54.1-3510 of the Code of Virginia.

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

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

"Experience" means on-the-job experience under appropriate supervision as set forth in this chapter.

"Internship" means a supervised field experience as part of a degree requirement obtained from a regionally accredited university as set forth in 18VAC115-40-22.

"Regionally accredited" means an institution accredited by one of the regional accreditation agencies recognized by the United States Secretary of Education as responsible for accrediting senior post-secondary institutions and training programs.

"Rehabilitation client" means an individual receiving rehabilitation services whose benefits are regulated by the Virginia Workers' Compensation Commission.

"Supervisee" means any individual who has met the education requirements and is under appropriate supervision and working towards certification according to the requirements of this chapter. Services provided by the supervisee shall not involve the exercise of professional judgment as defined in §54.1-3510 of the Code of Virginia.

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

"Supervisor" means one who provides case-related supervision, consultation, education, and guidance for the applicant. The supervisor must be credentialed as defined in 18VAC115-40-27.

"Training" means the educational component of on-the-job experience.

18VAC115-40-20. Fees required by the board.

A. The board has established the following fees applicable to the certification of rehabilitation providers:

Initial certification by examination: Processing and initial	$115

certification	
Initial certification by endorsement: Processing and initial certification	$115
Certification renewal	$65
Duplicate certificate	$10
Late renewal	$25
Reinstatement of a lapsed certificate	$125
Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. Fees shall be paid to the board. All fees are nonrefundable.

Part II. Requirements for Certification.

18VAC115-40-22. Criteria for eligibility.

A. Education and experience requirements for certification are as follows:

1. Any baccalaureate degree from a regionally accredited college or university or a current registered nurse license in good standing in Virginia; and

2. Documentation of 2,000 hours of supervised experience in performing those services that will be offered to a workers' compensation claimant under § 65.2-603 of the Code of Virginia. Experience may be acquired through supervised training or experience or both. A supervised internship in rehabilitation services may count toward part of the required 2,000 hours. Any individual who does not meet the experience requirement for certification must practice under the supervision of an individual who meets the requirements of 18VAC115-40-27. Individuals shall not practice in an internship or supervisee capacity for more than five years.

B. A passing score on a board-approved examination shall be required.

C. The board may grant certification without examination to applicants certified as rehabilitation providers in other states or by nationally recognized certifying agencies, boards, associations and commissions by standards substantially equivalent to those set forth in the board's current regulation.

18VAC115-40-23 to 18VAC115-40-24. (Reserved.)

18VAC115-40-25. Application process.

The applicant shall submit to the board:

1. A completed application form;

2. The official transcript or transcripts submitted from the appropriate institutions of higher education;

3. Documentation, on the appropriate forms, of the successful completion of the supervised experience requirement of 18VAC115-40-26. Documentation of supervision obtained outside of Virginia must include verification of the supervisor's out-of-state license or certificate; and

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

5. Documentation of the applicant's national or out-of-state license or certificate in good standing where applicable.

18VAC115-40-26. Supervised experience requirement.

The following shall apply to the supervised experience requirement for certification:

1. On average, the supervisor and the supervisee shall consult for two hours per week in group or personal instruction. The total hours of personal instruction shall not be less than 100 hours within the 2,000 hours of experience. Group instruction shall not exceed six members in a group.

2. Half of the personal instruction contained in the total supervised experience shall be face-to-face between the supervisor and supervisee. A portion of the face-to-face instruction shall include direct observation of the supervisee-rehabilitation client interaction.

18VAC115-40-27. Supervisor requirements.

A. A supervisor shall:

1. Be a licensed professional counselor, licensed psychologist, licensed clinical social worker, licensed marriage and family therapist, licensed substance abuse treatment practitioner, licensed physician or licensed registered nurse with a minimum of one year of experience in rehabilitation service provision;

2. Be a rehabilitation provider certified by the board who has national certification in rehabilitation service provision as outlined in subsection C of 18VAC115-40-22; or

3. Have two years experience as a board certified rehabilitation provider.

B. The supervisor shall assume responsibility for the professional activities of the supervisee.

C. At the time of application for certification by examination, the supervisor shall document for the board: (i) credentials to provide supervision in accordance with this section, (ii) the applicant's total

hours of supervision, (iii) length of work experience, (iv) competence in rehabilitation service provision, and (v) any needs for additional supervision or training.

D. Supervision by any individual whose relationship to the supervisee compromises the objectivity of the supervisor is prohibited. This includes but is not limited to immediate family members (spouses, parents, siblings, children and in-laws).

Part III. Examinations.

18VAC115-40-28. General examination requirements.

Every applicant for certification as a rehabilitation provider shall take a written examination approved by the board and achieve a passing score as determined by the board.

18VAC115-40-29. (Reserved.)

Part IV. Renewal and Reinstatement.

18VAC115-40-30. Annual renewal of certificate.

Every certificate issued by the board shall expire on January 31 of each year.

1. To renew certification, the certified rehabilitation provider shall submit a renewal form and fee as prescribed in 18VAC115-40-20.

2. Failure to receive a renewal notice and form shall not excuse the certified rehabilitation provider from the renewal requirement.

18VAC115-40-35. Reinstatement.

A. A person whose certificate has expired may renew it within one year after its expiration date by paying the renewal fee and the late renewal fee prescribed in 18VAC115-40-20.

B. A person who fails to renew a certificate for one year or more shall apply for reinstatement, pay the reinstatement fee and submit evidence regarding the continued ability to perform the functions within the scope of practice of the certification.

18VAC115-40-36 to 18VAC115-40-37. (Reserved.)

18VAC115-40-38. Change of address.

A certified rehabilitation provider whose address of record or public address, if different from the address of record, has changed shall submit the new address in writing to the board within 30 days of such change.

18VAC115-40-39. (Reserved.)

Part V. Standards of Practice; Disciplinary Actions; Reinstatement.

18VAC115-40-40. Standards of practice.

A. The protection of the public health, safety and welfare, and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board.

B. Each person certified by the board shall:

1. Provide services in a manner that is in the best interest of the public and does not endanger the public health, safety, or welfare.

2. Provide services only within the competency areas for which one is qualified by training or experience.

3. Not provide services under a false or assumed name, or impersonate another practitioner of a like, similar or different name.

4. Be aware of the areas of competence of related professions and make full use of professional, technical and administrative resources to secure for rehabilitation clients the most appropriate services.

5. Not commit any act which is a felony under the laws of this Commonwealth, other states, the District of Columbia or the United States, or any act which is a misdemeanor under such laws and involves moral turpitude.

6. Stay abreast of new developments, concepts and practices which are important to providing appropriate services.

7. State a rationale in the form of an identified objective or purpose for the provision of services to be rendered to the rehabilitation client.

8. Not engage in offering services to a rehabilitation client who is receiving services from another rehabilitation provider without attempting to inform such other providers in order to avoid confusion and conflict for the rehabilitation client.

9. Represent accurately one's competence, education, training and experience.

10. Refrain from undertaking any activity in which one's personal problems are likely to lead to inadequate or harmful services.

11. Not engage in improper direct solicitation of rehabilitation clients and shall announce services fairly and accurately in a manner which will aid the public in forming their own informed judgments, opinions and choices and which avoids fraud and misrepresentation through sensationalism, exaggeration or superficiality.

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

13. Report to the board known or suspected violations of the laws and regulations governing the practice of rehabilitation providers.

14. Report to the board any unethical or incompetent practices by other rehabilitation providers that jeopardize public safety or cause a risk of harm to rehabilitation clients.

15. Provide rehabilitation clients with accurate information of what to expect in the way of tests, evaluations, billing, rehabilitation plans and schedules before rendering services.

16. Provide services and submission of reports in a timely fashion and ensure that services and reports respond to the purpose of the referral and include recommendations, if appropriate. All reports shall reflect an objective, independent opinion based on factual determinations within the provider's area of expertise and discipline. The reports of services and findings shall be distributed to appropriate parties and shall comply with all applicable legal regulations.

17. Specify, for the referral source and the rehabilitation client, at the time of initial referral, what services are to be provided and what practices are to be conducted. This shall include the identification, as well as the clarification, of services that are available by that member.

18. Assure that the rehabilitation client is aware, from the outset, if the delivery of service is being observed by a third party. Professional files, reports and records shall be maintained for three years beyond the termination of services.

19. Never engage in nonprofessional relationships with rehabilitation clients that compromise the rehabilitation client's well-being, impair the rehabilitation provider's objectivity and judgment or increase the risk of rehabilitation client exploitation.

20. Never engage in sexual intimacy with rehabilitation clients or former rehabilitation clients, as such intimacy is unethical and prohibited.

18VAC115-40-50. Grounds for revocation, suspension, probation, reprimand, censure, denial of renewal of certificate; petition for rehearing.

Action by the board to revoke, suspend, decline to issue or renew a certificate, to place such a certificate holder on probation or to censure, reprimand or fine a certified rehabilitation provider may be taken in accord with the following:

1. Procuring a license, certificate or registration by fraud or misrepresentation.

2. Violation of, or aid to another in violating, any regulation or statute applicable to the provision of rehabilitation services.

3. The denial, revocation, suspension or restriction of a registration, license or certificate to practice in another state, or a United States possession or territory or the surrender of any such registration, license or certificate while an active administrative investigation is pending.

4. Conviction of any felony, or of a misdemeanor involving moral turpitude.

5. Providing rehabilitation services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

18VAC115-40-60. [Repealed]

18VAC115-40-61. Reinstatement following disciplinary action.

A. Any person whose certificate has been revoked, suspended or denied renewal by the board under the provisions of 18VAC115-40-50 must submit a new application for reinstatement of certification.

B. The board in its discretion may, after a hearing, grant the reinstatement sought in subsection A of this section.

C. The applicant for such reinstatement, if approved, shall be certified upon payment of the appropriate fee applicable at the time of reinstatement.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF MARRIAGE AND FAMILY THERAPY

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-50-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

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18VAC115-50-10. Definitions.

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

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

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

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

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

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

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

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

"Internship" means a supervised, planned, practical, advanced experience obtained in the clinical setting observing and applying the principles, methods and techniques learned in training or educational settings.

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

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

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

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

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Registration of supervision	$65
Add or change supervisor	$30

Initial licensure by examination: Processing and initial licensure	$175
Initial licensure by endorsement: Processing and initial licensure	$175
Active annual license renewal	$130
Inactive annual license renewal	$65
Penalty for late renewal	$45
Reinstatement of a lapsed license	$200
Verification of license to another jurisdiction	$30
Additional or replacement licenses	$10
Additional or replacement wall certificates	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-50-25. Sex offender treatment provider certification.

Anyone licensed by the board as a marriage and family therapist who is seeking certification as a sex offender treatment provider shall obtain certification from the Virginia Board of Psychology and adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

18VAC115-50-30. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the education and experience requirements prescribed in 18VAC115-50-50, 18VAC115-50-55 and 18VAC115-50-60;

2. Meet the examination requirements prescribed in 18VAC115-50-70;

3. Submit to the board office the following items:

a. A completed application;

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

c. Documentation, on the appropriate forms, of the successful completion of the residency requirements of 18VAC115-50-60 along with documentation of the supervisor's out-of-state license where applicable;

d. Official transcript or transcripts submitted from the appropriate institutions of higher education, verifying satisfactory completion of the education requirements set forth in 18VAC115-50-50 and 18VAC115-50-55. Previously submitted transcripts for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

e. Verification on a board-approved form of any mental health or health out-of-state license, certification, or registration ever held in another jurisdiction; and

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

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-50-40. Application for licensure by endorsement.

A. Every applicant for licensure by endorsement shall hold or have held a 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:

a. 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; and

b. Documentation of a marriage and family therapy license obtained by standards specified in subsection B.

4. Verification of a passing score on a marriage and family therapy licensure examination in the jurisdiction in which licensure was obtained;

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

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

B. Every applicant for licensure by endorsement shall meet one of the following:

1. Educational requirements consistent with those specified in 18VAC115-50-50 and 18VAC115-50-55 and experience requirements consistent with those specified in 18VAC115-50-60;

2. If an applicant does not have educational and experience credentials consistent with those required by this chapter, he shall provide:

a. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials; and

b. Evidence of clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy or clinical supervision of marriage and family services; or

3. In lieu of transcripts verifying education and documentation verifying supervised experience, the board may accept verification from the credentials registry of the American Association of State Counseling Boards or any other board-recognized entity.

18VAC115-50-50. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice marriage and family therapy as defined in §54.1-3500 of the Code of Virginia from a college or university which is accredited by a regional accrediting agency and which meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare students to practice marriage and family therapy as documented by the institution;

2. There must be an identifiable marriage and family therapy training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in marriage and family counseling/therapy or by COAMFTE are recognized as meeting the requirements of subsection A of this section.

18VAC115-50-55. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate coursework with a minimum of six semester hours or nine quarter hours completed in each of the core areas identified in subdivisions 1 and 2 of this subsection, and three semester hours or 4.0 quarter hours in each of the core areas identified in subdivisions 3 through 9 of this subsection:

1. Marriage and family studies (marital and family development; family systems theory);

2. Marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches);

3. Human growth and development across the lifespan;

4. Abnormal behaviors;

5. Diagnosis and treatment of addictive behaviors;

6. Multicultural counseling;

7. Professional identity and ethics;

8. Research (research methods; quantitative methods; statistics);

9. Assessment and treatment (appraisal, assessment and diagnostic procedures); and

10. Supervised internship of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours..

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including a minimum of six semester hours or nine quarter hours completed in marriage and family studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches).

18VAC115-50-60. Residency requirements.

A. Registration. Applicants who render marriage and family therapy services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-50-50 to include completion of the coursework and internship requirement specified in 18VAC115-50-55; and

3. Pay the registration fee.

B. Residency requirements.

1. The applicant shall have completed no fewer than 3,400 hours of supervised residency in the role of a marriage and family therapist, to include 200 hours of in-person supervision with the supervisor in the consultation and review of marriage and family services provided by the resident. For the purpose of meeting the 200 hours of supervision required for a residency, in-person may also include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist.

a. Residents shall receive a minimum of one hour and a maximum of four hours of supervision for every 40 hours of supervised work experience.

b. No more than 100 hours of the supervision may be acquired through group supervision, with the group consisting of no more than six residents. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

c. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed marriage and family therapist or a licensed professional counselor.

2. The residency shall include documentation of at least 2,000 hours of clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The residency shall consist of practice in the core areas set forth in 18VAC115-50-55.

4. The residency shall begin after the completion of a master's degree in marriage and family therapy or a related discipline as set forth in 18VAC115-50-50.

5. A graduate-level internship in excess of 600 hours, which was completed in a program that meets the requirements set forth in 18VAC115-50-50, may count for up to an additional 300 hours towards the requirements of a residency.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, they may use their names, the initials of their degree and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing of the

resident's status, along with the name, address and telephone number of the resident's supervisor.

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

9. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

10. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

C. Supervisory qualifications. A person who provides supervision for a resident in marriage and family therapy shall:

1. Hold an active, unrestricted license as a marriage and family therapist, or professional counselor in the jurisdiction where the supervision is being provided;

2. Document two years of post-licensure marriage and family therapy experience; and

3. Have received professional training in supervision, consisting of three credit hours or 4.0 quarter hours in graduate-level coursework in supervision or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-50-96. At least one-half of the 200 hours of supervision shall be rendered by a licensed marriage and family therapist. Supervisors who are clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board.

2. Supervision by an individual whose relationship to the resident is deemed by the board to compromise the objectivity of the supervisor is prohibited.

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract, for the duration of the residency.

18VAC115-50-70. General examination requirements.

A. All applicants for initial licensure shall pass an examination, with a passing score as determined by the board. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

B. The examination shall concentrate on the core areas of marriage and family therapy set forth in subsection A of 18VAC115-50-55.

C. A candidate approved to sit for the examination shall pass the examination within two years from the initial notification date of approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial approval to sit for the examination shall then become invalid; and

2. The applicant shall file a new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the candidate shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

D. Applicants or candidates for examination shall not provide marriage and family services unless they are under supervision approved by the board.

18VAC115-50-80. (Repealed.)

18VAC115-50-90. Annual renewal of license.

A. All licensees shall renew licenses on or before June 30 of each year.

B. All licensees who intend to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-50-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-50-20. No person shall practice marriage and family therapy in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-50-100 C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-50-95. Continued competency requirements for renewal of a license.

A. Marriage and family therapists shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours

shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

B. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18VAC115-20-105 in the Regulations Governing the Practice of Professional Counseling, or subsection A of 18VAC115-60-115 in the Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A marriage and family therapist who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-50-96. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7 Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved, mental health-related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) Commission on Rehabilitation Education.

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. Publication/presentation/new program development.

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of 10 hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include language courses, software training, medical topics, etc.

18VAC115-50-97. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities, licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing shall be by signed affidavit on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-50-100. Late renewal, reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late fee prescribed in 18VAC115-50-20 as well as the license fee prescribed for the period the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person seeking reinstatement of a license one year or more after its expiration date must:

1. Apply for reinstatement, and pay the reinstatement fee;

2. Submit documentation of any mental health license he holds or has held in another jurisdiction, if applicable;

3. Submit evidence regarding the continued ability to perform the functions within the scope of practice of the license, if required by the board to demonstrate competency; and

4. Provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal and (ii) documentation of continued competency hours equal to the number of years the license has been inactive, not to exceed a maximum of 80 hours, obtained within the four years immediately preceding application for reinstatement. The board may require additional evidence regarding the person's continued ability to perform the functions within the scope of practice of the license.

18VAC115-50-110. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new marriage and family therapy information, concepts, applications and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform client of the risks and benefits of any such treatment. Ensure that the welfare of the client is not compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services;

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

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

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

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

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

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

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

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

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

4. Ensure confidentiality in the usage of client records and clinical materials by obtaining informed consent from clients or their legally authorized representative before (a) videotaping, (b) audio recording, (c) permitting third party observation, or (d) using identifiable client records and clinical materials in teaching, writing, or public presentations; and

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

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

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

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

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

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

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

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

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

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

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

18VAC115-50-120. Disciplinary action.

A. Action by the board to revoke, suspend, deny issuance or removal of a license, or take other disciplinary action may be taken in accordance with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of marriage and family therapy, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or the general public or if one is unable to practice marriage and family therapy with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client or clients;

5. Performance of functions outside the demonstrable areas of competency;

6. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

7. Failure to comply with the continued competency requirements set forth in this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18VAC115-50-130. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Commonwealth of Virginia

REGULATIONS

GOVERNING THE PRACTICE OF LICENSED SUBSTANCE ABUSE TREATMENT PRACTITIONERS

VIRGINIA BOARD OF COUNSELING

Title of Regulations: 18 VAC 115-60-10 et seq.

Statutory Authority: §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia*

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Part I. General Provisions.

18VAC115-60-10. Definitions.

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

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18VAC115-60-20. Fees required by the board.

A. The board has established the following fees applicable to licensure as a substance abuse treatment practitioner:

Registration of supervision (initial)	$65
Add/change supervisor	$30
Initial licensure by examination: Processing and initial licensure	$175
Initial licensure by endorsement: Processing and initial licensure	$175
Active annual license renewal	$130
Inactive annual license renewal	$65
Duplicate license	$10
Verification of license to another jurisdiction	$30
Late renewal	$45
Reinstatement of a lapsed license	$200

Replacement of or additional wall certificate	$25
Returned check	$35
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

C. Examination fees shall be determined and made payable as determined by the board.

18VAC115-60-30. Sex offender treatment provider certification.

Anyone licensed by the board who is seeking certification as a sex offender treatment provider shall adhere to the Regulations Governing the Certification of Sex Offender Treatment Providers, 18VAC125-30-10 et seq.

Part II. Requirements for Licensure.

18VAC115-60-40. Application for licensure by examination.

Every applicant for licensure by examination by the board shall:

1. Meet the degree program, coursework, and experience requirements prescribed in 18VAC115-60-60, 18VAC115-60-70, and 18VAC115-60-80;

2. Pass the examination required for initial licensure as prescribed in 18VAC115-60-90;

3. Submit the following items to the board:

a. A completed application;

b. Official transcripts documenting the applicant's completion of the degree program and coursework requirements prescribed in 18VAC115-60-60 and 18VAC115-60-70. Transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained;

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms, including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

d. Documentation of any other mental health or health professional license or certificate ever held in another jurisdiction;

e. The application processing and initial licensure fee~~,~~ as prescribed in 18VAC115-60-20; and

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

4. Have no unresolved disciplinary action against a mental health or health professional license or certificate held in Virginia or in another jurisdiction. The board will consider history of disciplinary action on a case-by-case basis.

18VAC115-60-50. Prerequisites for licensure by endorsement.

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing and initial licensure fee as prescribed in 18VAC115-60-20;

3. 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 disciplinary action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

4. Further documentation of one of the following:

a. A current substance abuse treatment license in good standing in another jurisdiction obtained by meeting requirements substantially equivalent to those set forth in this chapter;

b. A mental health license in good standing in a category acceptable to the board that required completion of a master's degree in mental health to include 60 graduate semester hours in mental health as documented by an official transcript; and

(1) Board-recognized national certification in substance abuse treatment;

(2) If the master's degree was in substance abuse treatment, two years of post-licensure experience in providing substance abuse treatment;

(3) If the master's degree was not in substance abuse treatment, five years of post-licensure experience in substance abuse treatment plus 12 credit hours of didactic training in the substance abuse treatment competencies set forth in 18VAC115-60-70 C as documented by an official transcript; or

(4) Current substance abuse counselor certification in Virginia in good standing or a Virginia substance abuse treatment specialty licensure designation with two years of post-licensure or certification substance abuse treatment experience; or

c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;

5. Verification of a passing score on a substance abuse licensure examination as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia;

6. An affidavit of having read and understood the regulations and laws governing the practice of substance abuse treatment in Virginia; and

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

18VAC115-60-55. (Repealed.)

18VAC115-60-60. Degree program requirements.

A. The applicant shall have completed a graduate degree from a program that prepares individuals to practice substance abuse treatment or a related counseling discipline as defined in §54.1-3500 of the Code of Virginia from a college or university accredited by a regional accrediting agency that meets the following criteria:

1. There must be a sequence of academic study with the expressed intent to prepare counselors as documented by the institution;

2. There must be an identifiable counselor training faculty and an identifiable body of students who complete that sequence of academic study; and

3. The academic unit must have clear authority and primary responsibility for the core and specialty areas.

B. Programs that are approved by CACREP as programs in addictions counseling are recognized as meeting the requirements of subsection A of this section.

18VAC115-60-70. Coursework requirements.

A. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study.

B. The applicant shall have completed a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

1. Professional identity, function and ethics;

2. Theories of counseling and psychotherapy;

3. Counseling and psychotherapy techniques;

4. Group counseling and psychotherapy, theories and techniques;

5. Appraisal, evaluation and diagnostic procedures;

6. Abnormal behavior and psychopathology;

7. Multicultural counseling, theories and techniques;

8. Research; and

9. Marriage and family systems theory.

C. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies.

1. Assessment, appraisal, evaluation and diagnosis specific to substance abuse;

2. Treatment planning models, client case management, interventions and treatments to include relapse prevention, referral process, step models and documentation process;

3. Understanding addictions: The biochemical, sociocultural and psychological factors of substance use and abuse;

4. Addictions and special populations including, but not limited to, adolescents, women, ethnic groups and the elderly; and

5. Client and community education.

D. The applicant shall have completed a supervised internship of 600 hours to include 240 hours of direct client contact, of which 200 hours shall be in treating substance abuse-specific treatment problems. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours.

E. One course may satisfy study in more than one content area set forth in subsections B and C of this section.

F. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion of 60 semester hours or 90 quarter hours of graduate study, including the hours specified in subsection C of this section.

18VAC115-60-80. Residency requirements.

A. Registration. Applicants who render substance abuse treatment services shall:

1. With their supervisor, register their supervisory contract on the appropriate forms for board approval before starting to practice under supervision;

2. Have submitted an official transcript documenting a graduate degree as specified in 18VAC115-60-60 to include completion of the internship requirement specified in 18VAC115-60-70; and

3. Pay the registration fee.

B. Applicants who are beginning their residencies in exempt settings shall register supervision with the board to assure acceptability at the time of application.

C. Residency requirements.

1. The applicant for licensure shall have completed no fewer than 3,400 hours in a supervised residency in substance abuse treatment with various populations, clinical problems and theoretical approaches in the following areas:

a. Clinical evaluation;

b. Treatment planning, documentation and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident occurring at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency.

a. No more than half of these hours may be satisfied with group supervision.

b. One hour of group supervision will be deemed equivalent to one hour of individual supervision.

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

d. For the purpose of meeting the 200-hour supervision requirement, in-person supervision may include the use of technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident.

e. Up to 20 hours of the supervision received during the supervised internship may be counted towards the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical substance abuse treatment services with individuals, families, or groups of individuals suffering from the effects of substance abuse or dependence. The remaining hours may be spent in the performance of ancillary services.

4. A graduate level degree internship in excess of 600 hours, which is completed in a program that meets the requirements set forth in 18VAC115-60-70, may count for up to an additional 300 hours towards the requirements of a residency.

5. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.

6. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability which limits the resident's access to qualified supervision.

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing of the resident's status, the supervisor's name, professional address, and telephone number.

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

9. Residency hours that are approved by the licensing board in another United States jurisdiction and that meet the requirements of this section shall be accepted.

D. Supervisory qualifications.

1. A person who provides supervision for a resident in substance abuse treatment shall hold an active, unrestricted license as a professional counselor or substance abuse treatment practitioner in the jurisdiction where the supervision is being provided. Supervisors who are marriage and family therapists, school psychologists, clinical psychologists, clinical social workers, clinical nurse specialists, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

2. All supervisors shall document two years post-licensure substance abuse treatment experience~~,~~ and at least 100 hours of didactic instruction in substance abuse treatment. Supervisors must document a three-credit-hour course in supervision, a 4.0-quarter-hour course in supervision, or at least 20 hours of continuing education in supervision offered by a provider approved under 18VAC115-60-116.

E. Supervisory responsibilities.

1. Supervision by any individual whose relationship to the resident compromises the objectivity of the supervisor is prohibited.

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency.

3. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period.

4. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

F. Documentation of supervision. Applicants shall document successful completion of their residency on the Verification of Supervision form at the time of application. Applicants must receive a satisfactory competency evaluation on each item on the evaluation sheet.

Part III. Examinations.

18VAC115-60-90. General examination requirements; schedules; time limits.

A. Every applicant for initial licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board.

B. Every applicant for licensure as a substance abuse treatment practitioner by endorsement shall have passed an examination deemed by the board to be substantially equivalent to the Virginia examination.

C. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor issued by the board.

D. A candidate approved by the board to sit for the examination shall pass the examination within two years from the date of such initial board approval. If the candidate has not passed the examination within two years from the date of initial approval:

1. The initial board approval to sit for the examination shall then become invalid; and

2. The applicant shall file a complete new application with the board, meet the requirements in effect at that time, and provide evidence of why the board should approve the reapplication for examination. If approved by the board, the applicant shall pass the examination within two years of such approval. If the examination is not passed within the additional two-year period, a new application will not be accepted.

E. The board shall establish a passing score on the written examination.

F. A candidate for examination or an applicant shall not provide clinical services unless he is under supervision approved by the board.

18VAC115-60-100. (Repealed.)

Part IV. Licensure Renewal; Reinstatement.

18VAC115-60-110. Renewal of licensure.

A. All licensees shall renew licenses on or before June 30 of each year.

B. Every license holder who intends to continue an active practice shall submit to the board on or before June 30 of each year:

1. A completed form for renewal of the license on which the licensee attests to compliance with the continuing competency requirements prescribed in this chapter; and

2. The renewal fee prescribed in 18VAC115-60-20.

C. A licensee who wishes to place his license in an inactive status may do so upon payment of the inactive renewal fee as established in 18VAC115-60-20. No person shall practice substance abuse treatment in Virginia unless he holds a current active license. A licensee who has placed himself in inactive status may become active by fulfilling the reactivation requirements set forth in 18VAC115-60-120.C.

D. Licensees shall notify the board of a change in the address of record or the public address, if different from the address of record within 60 days. Failure to receive a renewal notice from the board shall not relieve the license holder from the renewal requirement.

E. After the renewal date, the license is expired; practice with an expired license is prohibited and may constitute grounds for disciplinary action.

18VAC115-60-115. Continued competency requirements for renewal of a license.

A. Licensed substance abuse treatment practitioners shall be required to have completed a minimum of 20 hours of continuing competency for each annual licensure renewal. A minimum of two of these hours shall be in courses that emphasize the ethics, standards of practice or laws governing behavioral science professions in Virginia.

B. The board may grant an extension for good cause of up to one year for the completion of continuing competency requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing competency requirement.

C. The board may grant an exemption for all or part of the continuing competency requirements due to circumstances beyond the control of the licensee such as temporary disability, mandatory military service, or officially declared disasters.

D. Those individuals dually licensed by this board will not be required to obtain continuing competency for each license. Dually licensed individuals will only be required to provide the hours set out in subsection A of this section or subsection A of 18 VAC 115-50-95 in the Regulations Governing the Practice of Marriage and Family Therapy, or subsection A of 18 VAC 115-20-105 in the Regulations Governing the Practice of Professional Counseling.

E. Up to two hours of the 20 hours required for annual renewal may be satisfied through delivery of counseling services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those services. One hour of continuing education may be credited for three hours of providing such volunteer services, as documented by the health department or free clinic.

F. A substance abuse professional who was licensed by examination is exempt from meeting continuing competency requirements for the first renewal following initial licensure.

18VAC115-60-116. Continuing competency activity criteria.

A. Continuing competency activities must focus on increasing knowledge or skills in one or more of the following areas:

1. Ethics, standards of practice or laws governing behavioral science professions;
2. Counseling theory;
3. Human growth and development;
4. Social and cultural foundations;
5. The helping relationship;
6. Group dynamics, processing and counseling;
7. Lifestyle and career development;
8. Appraisal of individuals;
9. Research and evaluation;
10. Professional orientation;
11. Clinical supervision;
12. Marriage and family therapy; or
13. Addictions.

B. Approved hours of continuing competency activity shall be one of the following types:

1. Formally organized learning activities or home study. Activities may be counted at their full hour value. Hours shall be obtained from one or a combination of the following board-approved mental health related activities:

a. Regionally accredited university or college level academic courses in a behavioral health discipline.

b. Continuing education programs offered by universities or colleges.

c. Workshops, seminars, conferences, or courses in the behavioral health field offered by federal, state, or local governmental agencies or licensed health facilities and licensed hospitals.

d. Workshops, seminars, conferences, or courses in the behavioral health field offered by an individual or organization that has been certified or approved by one of the following:

(1) The International Association of Marriage and Family Counselors and its state affiliates.

(2) The American Association ~~of~~ for Marriage and Family Therapy and its state affiliates.

(3) The American Association of State Counseling Boards.

(4) The American Counseling Association and its state and local affiliates.

(5) The American Psychological Association and its state affiliates.

(6) The Commission on Rehabilitation Counselor Certification

(7) NAADAC, The Association for Addiction Professionals and its state and local affiliates.

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

(10) A national behavioral health organization or certification body.

(11) Individuals or organizations that have been approved as continuing competency sponsors by the American Association of State Counseling Boards or a counseling board in another state.

2. Individual professional activities.

a. Publication/presentation/new program development

(1) Publication of articles. Activity will count for a maximum of eight hours. Publication activities are limited to articles in refereed journals or a chapter in an edited book.

(2) Publication of books. Activity will count for a maximum of 18 hours.

(3) Presentations. Activity will count for a maximum of eight hours. The same presentations may be used only once in a two-year period. Only actual presentation time may be counted.

(4) New program development. Activity will count for a maximum of eight hours. New program development includes a new course, seminar, or workshop. New courses shall be graduate or undergraduate level college or university courses.

b. Dissertation. Activity will count for a maximum of 18 hours. Dissertation credit may only be counted once.

c. Clinical supervision/consultation. Activity will count for a maximum of ten hours. Continuing competency can only be granted for clinical supervision/consultation received on a regular basis with a set agenda. Continuing competency cannot be granted for supervision that you provide to others.

d. Leadership. Activity will count for a maximum of eight hours. The following leadership positions are acceptable for continuing competency credit: Officers of state or national counseling organization; editor or reviewer of professional counseling journals; member of state counseling licensure/certification board; member of a national counselor certification board; member of a national ethics disciplinary review committee rendering licenses; active member of a counseling committee producing a substantial written product; chair of a major counseling conference or convention; other leadership positions with justifiable professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

e. Practice related programs. Activity will count up to a maximum of eight hours. The board may allow up to eight contact hours of continuing competency as long as the regulant submits proof of attendance plus a written justification of how the activity assists him in his direct service of his clients. Examples include: language courses, software training, medical topics, etc.

18VAC115-60-117. Documenting compliance with continuing competency requirements.

A. All licensees are required to maintain original documentation for a period of two years following renewal.

B. After the end of each renewal period, the board may conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. To document completion of formal organized learning activities the licensee shall provide:

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

2. Documentation of home study shall be made by identification of the source material studied, summary of content, and a signed affidavit attesting to completion of the home study.

3. Documentation of individual professional activities shall be by one of the following:

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

d. Letters from educational institutions or agencies approving continuing education programs;

e. Official notification from the association that sponsored the item writing workshop or continuing education program; or

f. Documentation of attendance at formal staffing by a signed affidavit on a form provided by the board.

D. Continuing competency hours required by a disciplinary order shall not be used to satisfy renewal requirements.

18VAC115-60-120. Late renewal; reinstatement.

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for

the year the license was not renewed, and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a license after one year or more and wishes to resume practice shall apply for reinstatement, pay the reinstatement fee for a lapsed license, submit verification of any mental health license he holds or has held in another jurisdiction, if applicable, and provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

Part V. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.

18VAC115-60-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

2. Practice only within the boundaries of their competence, based on their education, training, supervised experience and appropriate professional experience and represent their education, training and experience accurately to clients;

3. Stay abreast of new substance abuse treatment information, concepts, application and practices which are necessary to providing appropriate, effective professional services;

4. Be able to justify all services rendered to clients as necessary and appropriate for diagnostic or therapeutic purposes;

5. Document the need for and steps taken to terminate a counseling relationship when it becomes clear that the client is not benefiting from the relationship. Document the assistance provided in making appropriate arrangements for the continuation of treatment for clients, when necessary, following termination of a counseling relationship;

6. Make appropriate arrangements for continuation of services, when necessary, during interruptions such as vacations, unavailability, relocation, illness, and disability;

7. Disclose to clients all experimental methods of treatment and inform clients of the risks and benefits of any such treatment. Ensure that the welfare of the clients is in no way compromised in any experimentation or research involving those clients;

8. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18VAC115-60-140. Grounds for revocation, suspension, probation, reprimand, censure, or denial of renewal of license.

A. Action by the board to revoke, suspend, deny issuance or renewal of a license, or take other disciplinary action may be taken in accord with the following:

1. Conviction of a felony, or of a misdemeanor involving moral turpitude, or violation of or aid to another in violating any provision of Chapter 35 (§ 54.1-3500 et seq.) of Title 54.1 of the Code of Virginia, any other statute applicable to the practice of substance abuse treatment, or any provision of this chapter;

2. Procurement of a license, including submission of an application or supervisory forms, by fraud or misrepresentation;

3. Conducting one's practice in such a manner as to make it a danger to the health and welfare of one's clients or to the public, or if one is unable to practice substance abuse treatment with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or result of any mental or physical condition.;

4. Intentional or negligent conduct that causes or is likely to cause injury to a client;

5. Performance of functions outside the demonstrable areas of competency;

6. Failure to comply with the continued competency requirements set forth in this chapter; or

7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse therapy, or any part or portion of this chapter; or

8. Performance of an act likely to deceive, defraud, or harm the public.

B. Following the revocation or suspension of a license, the licensee may petition the board for reinstatement upon good cause shown or as a result of substantial new evidence having been obtained that would alter the determination reached.

18VAC115-60-150. Reinstatement following disciplinary action.

A. Any person whose license has been suspended or who has been denied reinstatement by board order, having met the terms of the order, submit a new application and fee to the board for reinstatement of licensure.

B. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in subsection A of this section.

Comment on Periodic Review of Chapter 20: Regulations Governing the Practice of Professional Counseling

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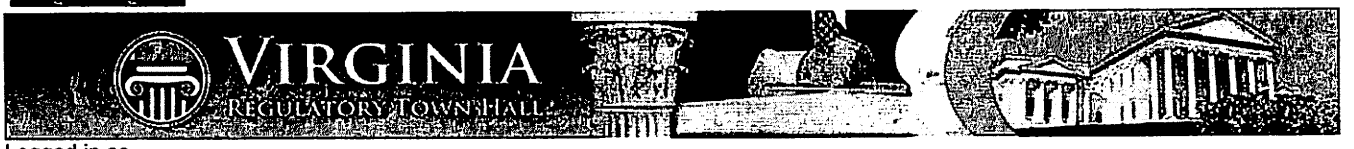

Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

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

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

Back to List of Comments

Commenter: David Swain 8/29/18 11:35 am

opposed

As a ***GRADUATE OF OR STUDENT IN*** the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation.

Commenter: El Schoepf 8/29/18 6:13 pm

OPPOSED to objective to restrict counseling licensure to CACREP-only programs

As a student in the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. The

University of Baltimore prepares qualified counselors who have a strong counselor identity, a good understanding of the ethics underlying the counseling profession, as well as a background in psychological science. Upon graduation, I wish to retain my eligibility to practice in the state of Virginia, and CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology). It can already be exceedingly difficult to find an appropriate therapist, and restricting licensure to graduates of CACREP-only programs will only make access to mental health and related counseling services more difficult for Virginia residents.

In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less.

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Commenter: Sarah Rasch 8/29/18 9:49 pm

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Commenter: Debra Mollen 8/30/18 10:51 am

Opposed to the CACREP attempt to monopolize

Providing quality mental health treatment is vital for the well-being of the citizens of Virginia. Limiting access to those from CACREP-accredited programs only not only fails the hardworking students, alumni, and faculty of other qualified mental health programs, it fails the people of Virgina more broadly. The move to curtail licensure in Virginia is self-serving and short-sighted and most assuredly not in the best interest of the residents of Virginia.

Commenter: Meghan Powers 8/30/18 11:03 am

OPPOSED

Do not allow CACREP to restrict the practicing scope of licenced counselors.

Commenter: Sam Daniel, Private Practice 8/30/18 11:20 am

Opposed

Please oppose CACREP and ACA efforts to exclude other highly qualified licensed mental health professionals such as psychologists from providing supervision to students and licensure candidates. With the growth of holistic and multidisciplinary clinics, the proposed restriction unfairly penalizes students and prospective licensees working in these settings or who seek excellent training in these settings. Since these settings are predominantly responsible for mental health service provision in our state, this unfair exclusion will ultimately negatively impact the ability to meet the mental health needs of your constituents as well.

Commenter: Sarah Miles, Student, University of Baltimore 8/30/18 12:18 pm

Opposed

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us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation.

Commenter: Megan Foley Nicpon 8/30/18 12:33 pm

oppose

Please upohld **inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers – CACREP cannot be the only licensing option.**

Commenter: Amy Reynolds, University at Buffalo 8/30/18 12:45 pm

Opposed efforts to restrict licensure

Greetings. I am writing to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. So why is this important to me as a graduate college professor in New York? I am a professor for a mental health master's program at the University at Buffalo so it is on behalf of my students that I am writing to you today. There are plenty who will write to you opposing these efforts who will speak to the importance of inclusive licensure process where the emphasis is on accrediation (as it should be) rather than one accrediting body. I agree with those points wholeheartedly. It is essential to my students, who are not from a CACREP accredited program to have the ablity to apply for licensure in all 50 states. And that is the point that I want to emphasize.

There is much need in our various communities across this country, especially in states with large rural populations, to have enough licensed professionals to meet the needs. There are many mental health disparities that need to be addressed and many populations that are under-served. Between high rates of depression and suicidality and high levels of addiction with opioid and other drugs, there is so much work to do and we need all hands on deck. For that reason it is vital that we reduce the systems and structures that will slow down or limit the ability of individuals to get licensed.

I urge you to support the withdrawl of the proposal and support inclusive licensure for Virginia. I am happy to speak with you further about this if you so wish.

Amy L. Reynolds

Commenter: Darlene Brannigan-Smith, Provost, University of Baltimore 8/30/18 1:32 pm

Opposed

August 30, 2018

To the Virginia Leadership:

In response to the current periodic review of the Regulations Governing the Practice of

Professional Counseling (18 VAC 115 20), we are writing this letter to strongly encourage you to reject any attempt by the Virginia Board of Counseling to restrict counselor licensure to graduates of programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). We further request that you consider reviewing and removing the recent 2016 revision of the regulations (18 VAC 115 20) that restricts counseling residents in Virginia to receiving supervision from only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Prior to the revision, psychologists, social workers, and psychiatrists were able to provide supervision to counseling residents.

We are concerned, based on the Virginia Counseling Board's meeting minutes and reports from prospective licensees, that proponents of CACREP accreditation are again poised to attempt to restrict the license-eligibility of graduates from psychology-based counselor master's programs. (CACREP does not accredit psychology-based programs; only MPCAC accredits psychology-based counseling master's programs.) If this movement continues unopposed and is successful, graduates of our Applied Psychology program and other non-CACREP accredited counseling master's programs in Maryland (that is, the majority of Maryland programs) will not be license-eligible in Virginia, simulating a type of regulatory capture and limiting the availability of well-trained practitioners from serving Virginia residents. In fact, only about 30% of counseling programs nationally are CACREP-accredited, thus reducing the number of eligible practitioners able to enter and practice in the state of Virginia should such a regulation pass.

Over the past 30 years at the University of Baltimore, we have students who travel to our program from and intend to practice in Virginia; CACREP licensure restrictions are a threat not only to our students and their professional goals, but to most Maryland graduate counselor training programs in general. The counselor licensure requirements of Maryland do not name any specific program accreditation for gradutes seeking licensure and do not restrict graduates of Virginia counseling programs from seeking licensure in Maryland based on program accreditation. In addition, the profession of counseling is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. We encourage you to review the 2016 Economic Impact Report on the last proposed regulation changes that would restrict licensure in Virginia to CACREP graduates:

http://townhall.virginia.gov/l/GetFile.cfm?File=C:\TownHall\docroot\25\4259\7390\EIA_DHP_7390_vE.pdf

Rejecting a CACREP-only agenda does not threaten CACREP, the public, or the profession of counseling. Those schools that choose to seek CACREP accreditation remain free to do so. Those schools, such as George Mason University (GMU), that do not choose to seek CACREP accreditation may still train and graduate well-prepared counseling professionals to serve the residents of Virginia. GMU counseling program graduates are currently eligible for licensure in Virginia and have been serving the public for decades. Nothing will change regarding their training; only the restriction of a regulation change would render them ineligible for licensure, similar to the potential effects on many Maryland counselor training programs (and those across the country).

Finally, we urge you review and remove the regulation passed during Governor McDonnell's Regulatory Reform Initiative (RRI) that removed psychologists, social workers, and psychiatrists as eligible supervisors of counseling residents. This regulation was changed during a broad RRI in 2012-2013, the motivation for which was to alleviate regulatory burdens and promote job creation for Virginia residents. It appears that this change did not get the same level of public scrutiny that it would have under the regular regulatory change, although 6 public comments in 2011 were all opposed to the action before its passage under the RRI. The change, though enacted under the RRI, was not specifically listed as such in the report to the governor in December 2013. Additionally, the change was antithetical to the purpose of the RRI (removing regulations to alleviate burdens), as it instead further restricted resident counselors' ability to find qualified

supervisors for their resident training period. The professions of psychiatry, social work, and most notably, psychology share theoretical, technical, and empirical bases for the work of mental health treatment with the profession of counseling. There is no evidence to suggest that these closely related professions and their licensed clinicians are unable to supply quality supervision to LPCs. Furthermore, these regulations are likely to interfere with portability of licensure between states, which is of great interest to Maryland training programs. Current Maryland state counseling regulations allow for psychologists, social workers, and psychiatrists (in addition to LPCs and LMFTs) to provide supervision to Licensed Graduate Professional Counselors (our version of counseling residents).

We appreciate your time and attention to our concerns regarding these important issues.

Sincerely,

Darlene Brannigan-Smith, Ph.D., Executive Vice President and Provost

Christine Spencer, Ph.D., Dean, Yale Gordon College of Arts and Sciences

Sharon Glazer, Ph.D., Chair, Division of Applied Behavioral Sciences

Courtney Gasser, Ph.D., L.P., N.C.C., Program Director, Master's of Science in Applied Psychology-Counseling Psychology Concentration

Commenter: Arpana Inman 8/30/18 1:39 pm

Uphold inclusive supervision requirements and oppose CACREP only regulations

I am writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Such a restriction hurts the public and the large number of communities that remain underserved. Such a restriction will continue to marginalize many minority and diverse communities. I urge you to uphold inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers to protect the public as well as the counselors from another CACREP only effort.

Arpana G. Inman, Ph.D. N.C.C.

Professor and Chair, Department of Education and Human Services

Commenter: Chris Hall, LGPC, Thrive Behavioral Health 8/30/18 5:09 pm

Oppose

I am writing to express my opposition to current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Such a restriction would result in a shortage of supervisors and thus represent a barrier to employment, which would in turn result in fewer service providers for clients in need.

I am also writing to express strong opposition to any regulations requiring graduation from a CACREP-accredited school in order to become licensed to practice. Such regulations are politically and financially motivated and have no supporting empirical data which show that providers from CACREP-accredited schools provide services which result in better client outcomes.

Commenter: Mary Jo Loughran, Chatham University 8/30/18 6:25 pm

Opposed

I am writing to voice my opposition to any changes to the law that would restrict professional counselors from receiving supervision from psychologists and other licensed behavioral health specialists. This change would place an undue hardship on counselors seeking supervision for licensure and would in turn restrict access to healthcare unnecessarily.

Commenter: Bryan S. K. Kim, Ph.D. 8/30/18 9:18 pm

Oppose

I'm writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. I'd like Virginia to return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers. All of these professions share a common education base that qualifies them to supervise counseling residents.

Also, I'm writing to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. Given the high level of mental health needs in Virginia, counseling professionals from non-CACREP programs who are equally or even better trained should be made available to serve the people of Virginia.

Commenter: Michael V. Ellis, Ph.D. 8/30/18 11:22 pm

Oppose CACREP's attempt to monopolize

I urge you to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I also urge you to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. These continued efforts are documented in their minutes and are confirmed by reports from prospective licensees.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions,"

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to strike the regulation that restricts graduates' choice of supervisors to people

with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Commenter: Dr. Joseph Hammer, University of Kentucky 8/31/18 8:51 am

Opposing the Unnecessary Restriction of Counseling Residents' Supervisors

Dear Reader,

I'm writing to **express my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.** After unanimous opposition to this then-proposed regulation in a 2012 public comment period, it appears this new restriction was added as part of a part of a Regulatory Reform Initiative, bypassing the normal usual levels of review for regulatory changes.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I am a psychologist with a PhD and have been training and supervising students who go on to be counselors for several years now. I'm a licensed psychologist with the health service provider designation and have formal training in supervision of mental health clinicians (a requirement of ALL graduates from a counseling/clinical psychology doctoral programs). It's tough to argue that I'm less qualified than someone with a master's degree (and no formal training in providing supervision) to supervise masters-level counseling residents. The people of Virginia, like the people of Kentucky that I serve, need more mental health professionals available to them... not fewer. Let's not artificially restrict the pool of qualified supervisors, nor exclude high quality counselor training programs because they are uncomfortable pledging loyalty to the guild-first and Virginians-second policies of CACREP.

Thank you for your consideration,

Joseph Hammer, PhD

Joseph H. Hammer, PhD, LP
Assistant Professor and Director of Training

Counseling Psychology PhD Program
Department of Educational, School, and Counseling Psychology

243 Dickey Hall, University of Kentucky

Commenter: Daniel Walinsky 8/31/18 10:03 am

Opposed

I am writing to express opposition to any regulation in Virginia that restricts licensed psycholgosits from providing supervision to professional counselors. Counseling psychologists like myself have substatial training in providing supervision. During my professional training, I provided nearly 1000 hours of supervision to trainees, under the supervision of a licensed psychologist. Indeed, I believe that such training and oversight has prepared me and my colleagues in Virginia with the necessary experience and training to be effective supervisors. Excluding psycholgists from providing supervision to professional counselors seems more like a guild issue than an effort to protect Virginia residents.

Sincerely,

Daniel Walinsky, Ph.D.

Commenter: Loyola University Maryland 8/31/18 10:19 am

CACREP

To Whom It May Concern:

As the Director of Loyola University Maryland's Clinical Professional Counseling Program, I am writing with the support of my colleagues (signed below) at Loyola, to oppose the Virginia Counseling Board's stated (in meeting minutes and to prospective licensees) objective to restrict licensure to CACREP-program graduates. Loyola prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I urge you to consider this decision carefully as many of our students decide to make their home in Virginia after graduating. CACREP restrictions would eliminate their ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that Loyola's graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology).

Additionally, while Counseling and Psychology are in fact separate professions, psychotherapy is not profession-specific. There is far ranging research that demonstrates that no one profession produces more effective psychotherapists and no one profession is more effective in psychotherapy. Ensuring that well-trained and competent clinicians are available to meet the

mental health needs of Virginia residents is essential. Making politically-motivated decisions to promote one profession over another (without evidence to support this) would not be in Virginia residents' best interests.

Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to our students as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation. Thank you for your consideration,

Katie J. Loomis, PsyD- Director of Clinical Professional Counselors Program
Jeffrey Barnett, PsyD- Associate Dean- Loyola College of Arts and Sciences
Carolyn Barry, PhD- Department Chair and Professor of Psychology
Anthony Parente, MA, LCPC, Affiliate Faculty, Director of Masters Plus Program

Commenter: Pamela Foley, Ph.D., Seton Hall University 8/31/18 11:37 am

Opposed

I am writing as a counselor educator, whose students go on to practice in all states including Virginia, to ask that you reverse the recent regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That will provide unreasonable restrictions on the ability of new graduate counselors to obtain the supervised experience necessary to become licensed in a timely manner. The majority of available supervisors, and in fact mental health practitioners, are licensed psychologists, psychiatrists, and social workers, with whom counselors will work for the rest of their professional lives. It is also important to note that this regulation received substantial opposition during the public comment period, which was apparently disregarded in the process of adoption. Further, I continue to oppose any efforts to restrict counseling licensure to graduates of CACREP accredited programs. While accredition is important, there are other equally rigorous accrediting bodies, whose graduates will quite capably serve the residents of Virginia.

Pamela Foley, Ph.D.

Commenter: Carla Prieto 8/31/18 12:52 pm

Oppose CACREP exclusionary supervisor licensure requirements

Commenter: Anthony Isacco,, PhD, Chatham University 8/31/18 2:14 pm

Opposed

I oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers! I also oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

Thank you for your time and consideration,

Anthony Isacco

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Commenter: Heather Noble, PhD, Avila University 8/31/18 2:44 pm

Opposed

I'm writing to share that I oppose current regulations that restrict counseling residents' supervisors to professionals with credentials as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). I strongly encourage that Virginia return to supervision requirements that include licensed psychologists, psychiatrists, and social workers, all of whom are highly qualified to supervise counseling trainees.

Additionally, I'm writing to share my opposition to the Board of Counseling's efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. Counseling professionals from non-CACREP programs are equally qualified, if not exceeding in their credentials. Virgina would be at a major disadvantage for serving its people if this was pursued.

Commenter: LaVerne Berkel, University of Missouri - Kansas City 8/31/18 3:26 pm

Regulations regarding Counselor Training

To Whom It May Concern:

I am writing to oppose the current regulations that restrict counseling residents' supervisors to people who hold Licensed Professional Counselor (LPC) or Marriage and Family Therapy (LMFT) licenses. Licensed social workers, licensed psychologists, and licensed psychiatrists are also qualified to provide excellent supervision to counseling trainees and bring a wealth of knowledge that will ultimately be beneficial to the clients and patients they serve. Supervision by other mental health professionals is also consistent with efforts to prepare health care professionals to work with members from other professions. This current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I would also like to oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall. These continued efforts are documented in their minutes and are confirmed by reports from prospective licensees. CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

Thank you for your consideration,

LaVerne A. Berkel, PhD

Licensed Psychologist

Commenter: Bedford Palmer II, Ph.D., Saint Mary's College of California 8/31/18 4:05 pm

RE: "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 5

Greetings to the Viginia Board of Counseling,

The discipline of counseling is a technical offshoot of the discipline of psychology. Counselors and Counselor Educators, for most part rely on the scientific and practical work of psychologist as the base their expertise. The CACREP-Only movement is based on the desire to corner the market on mental health work. It has nothing to do with patient welfare or the the public good. In fact, it works against the public good by limiting the potential training opportunities for masters level counselors, both in terms of the provision of supervision and in terms of their exposure to a diverse faculty of mental health experts. I currently work as an Assistant Professor teaching in a Counseling Department. Based on regulations like "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy," I would not be able to share my particular expertise in counseling theory and

practice.

As a Counseling Psychologist, I received over 5000 hours of supervised practical training in the provision of psychotherapy. I was required to take a course in clinical supervision as well as engage in supervised practice of clinical supervision. I was also required to build a deep understanding of psychological theory at both the undergraduate and graduate level, which is different from Counselor Education in that a psychology background is not always prerequisite for beginning counselor training. I share this with you not to claim any superiority, but to rebuff the idea that I should be restricted from assisting in the training of anyone who plans to provide psychotherapy.

I would ask that instead of placing CACREP-First, that you place the Public-First in your deliberations. I believe that Counseling is an important discipline, however I do not believe that it so unique that it must be taught by counselors exclusively. Nor should that desire for exclusive access to a market (i.e., a monopoly) be supported by the state.

Thank you for your time and consideration.

Commenter: Heidi A. Zetzer, Ph.D. 8/31/18 4:30 pm

Oppose CACREP exclusionary supervisor licensure requirements

Dear Legislator,

I am a licensed psychologist, educator, and supervisor working in an institution of higher education and I have trained and supervised students at Master's and Doctoral levels in clinical, counseling psychology, and school psychology for over 25 years.

I urge you to oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Licensed psychologists, social workers, and psychiatrists all have sufficient preparation to provide such supervision. CACREP's restrictions on supervision limits mental health professionals' abilities to provide supervision to counseling trainees across a wide range of settings. These restrictions will diminish the availability of vital and valuable mental, emotional, and behavioral health services across multiple service settings and most particularly restrict and unnecessarily limit graduate training programs in their ability to train and supervise students in CACREP programs.

Please do not be fooled by CACREP's assertions that counseling licensure should to be restricted to CACREP programs. This is a market ploy to limit competition and force graduate training programs to hire CACREP graduates. Certainly, hiring decisions should be based on who is most qualified and not on who is in the club.

Please think about your constituents and their mental, emotional, and behavioral health needs and consider the impact of maintaining the CACREP restrictions or further narrowing the type of providers eligible for licensure along with those who are designated as "qualified" to supervise counseling residents and trainees.

Sincerely,

Heidi A. Zetzer, Ph.D.

Commenter: Michael Scheel, Society of Counseling Psychology 8/31/18 4:36 pm

Opposed to Board of Counseling Proposal to limit supervision

To whom it may concern:

This letter represents the views of the Society of Counseling Psychology, Division 17 of the of the American Psychological Association, in response to recently learning that the Virginia Board of Counseling has forwarded a proposal to restrict supervision of counselors in Virginia to only professional counselors (LPCs) or marriage and family therapists (MFTs). If this proposal is approved it would limit mental health resources in a time when more resources are desperately needed rather than less to address the growing mental health services crisis in our nation. Presently, in the U.S. the demand for mental health services greatly exceeds the number of qualified mental health practitioners who can competently treat those experiencing psychological distress.

The Virginia proposal also fits with a political agenda designed to privilege CACREP accredited counseling programs over the many other qualified mental health care professional groups (psychologists, social workers, psychiatric nurses, non-CACREP trained counselors). While granting the wishes of CACREP would enhance the stature of this organization in Virginia, it would harm the public. As counseling psychologists we know that licensed psychologists are supremely qualified to provide expert supervision to individuals who serve the public through mental health interventions, psychological assessments, and psychotherapeutic practices. It makes no sense to disallow qualified people from supervising counselors in this time of great need. In this age of integrated practice and integrated professionalism across health fields, the Virginia proposal coming from the Board of Counseling flies in the face of the growing trend to find ways for health and mental health disciplines to work together in providing the best treatment possible to patients distressed with mental health and health problems.

Thus, we strongly urge you to **NOT** support this proposal which limits who can supervise mental health practitioners.

Sincerely,

Michael J. Scheel, Ph.D., ABPP

Vice President for Education and Training

The Society of Counseling Psychology

Division 17 of the American Psychological Association

Commenter: Anneliese Singh, University of Georgia 8/31/18 5:35 pm

Comments on CACREP

I am a licensed professional counselor and a licensed psychologist, and I train both counselors and counseling psychologists. I would like to share why I oppose the regulations that would restrict counseling residents' supervisors to professionals with credentials as a Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT). I would like to encourage that Virginia return to supervision requirements that include licensed psychologists, psychiatrists, and social workers. I believe that each of these disciplines are highly qualified to supervise counseling trainees. Additionally, I'm writing to express my opposition to the efforts by the Board of Counseling to restrict Virginia counselor licensure CACREP program graduates. Counseling professionals who come from non-CACREP programs are not only equally qualified, but also often exceed the clinical training requirements. Even more importantly, there is an immense need for supervision from multiple fields - from counseling to psychology, psychiatry, and social work to

ensure there is a well-prepared group of helping professionals who are able to serve and meet the mental health needs of marginalized groups. Thank you for soliciting feedback on this issue.

Commenter: Corinne Datchi, PhD, ABPP, Seton Hall University 8/31/18 6:42 pm

Strongly opposed to restriction of licensure and supervision

As a graduate of a CACREP-accredited master's program, I strongly oppose legislation that would restrict the supervision of counseling trainees to LPCs and LMFTs. This would not only limit counseling students' access to clinical training opportunities and potentially delay their ability to graduate from their programs and achieve licensure, but also it would conflict with efforts to create an integrated health care system based on interprofessional collaboration. Integrated health care and interprofessional collaboration are now well-established principles of best practice in health-related settings. Legislation that limits supervision promotes professional silos and goes against efforts towards collaboration and integration to provide the best care possible to patients with mental health needs. In addition, legislation that restricts counseling licensure to graduates of CACREP-programs may have adverse consequences on consumers residing in areas where access to mental health services is limited; it has the potential to further reduce the number of LPCs in those areas and therefore further limit access to mental health care.

Commenter: Dr. Rob Rotunda, University of West Florida 9/1/18 2:05 am

In Opposition to Proposed Regulation

As a licensed clinical psychologist who has helped supervise and train master's level counselors for over 20 years, I believe the proposed restriction of those who can supervise counselors in Virginia to only those with a LPC or LMFT license is an inane and misguided regulation. It would unduly restrict experienced psychologists and social workers from providing supervision, and may harm those seeking/needing supervision by limiting their options of who can supervise them. In many settings, mental health and medical professionals from various disciplines work together on integrated teams, and it is often more convenient (and adds diversity in perspective) for counselors-in-training to find qualified supervisors from those in their workgroup, who may come from a related mental health professsion. In some rural areas, options for supervision may be quite limited, and this regulation could limit these choices even further.

A clear and decisive rationale does not exist for the restrictions that the Board has imposed...why curtail or restrict choice of (qualified and experienced) mental health supervisors? Why disregard typically well-trained licensed psychologists as providers of clinical supervision? Therefore, reverse the recent regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. More broadly, the Board should take a stronger stance to respect graduates from programs that are not CACREP accredited (such as mine) that nonetheless provide rigorous academic and clinical training, and successfully prepare students to sit for licensure in any state.

Commenter: Sandra S. Lee, PhD, Seton Hall University 9/1/18 5:19 am

OPPOSED

Am strongly opposed to the restriction of licensure to CACREP-program graduates, and to the

restriction of supervisor credentials. The protection of the public and superior training opportunities will be better served without these restrictions.

Commenter: Tatyana Ramirez, Ph.D., University of St. Thomas 9/1/18 8:47 am

Opposed

I oppose **current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers!**

In addition, although not specifically part of this periodic review, I oppose **the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.**

Commenter: Seton Hall University 9/1/18 11:11 am

Opposed

I write in two capacities. One as an educator of counselors, many of whom, after graduation, live, work, and practice in Virginia. I also write as a consultant who does work in Arlington 3-4 times a year. Part of the ethics of the field of counseling, and mental health in general, is to broaden its reach to indivudals who, in other circumstannces, would not be able to access mental healthcare. Limiting access in the ways being proposed hurts the field, the providers, current and potential students, and related mental health professons that are essential to the function of a uniform social safety net. Regulation is essential, but the legislation being offered is restrictive and damaging.

Commenter: Matthew Graziano, MSW, PhD, Seton Hall University 9/1/18 11:12 am

Opposed

I write in two capacities. One as an educator of counselors, many of whom, after graduation, live, work, and practice in Virginia. I also write as a consultant who does work in Arlington 3-4 times a year. Part of the ethics of the field of counseling, and mental health in general, is to broaden its reach to indivudals who, in other circumstannces, would not be able to access mental healthcare. Limiting access in the ways being proposed hurts the field, the providers, current and potential students, and related mental health professons that are essential to the function of a uniform social safety net. Regulation is essential, but the legislation being offered is restrictive and damaging.

Commenter: Larry Epp, Ed.D., Past President of the Maryland Chapter, AMHCA (LCPCM) 9/1/18 2:17 pm

Regulation Would Limit Career Opportunities for New Graduates

It was with great regret that I reviewed the proposed regulation to limit counselor supervision to that provided by other counselors and family therapists. I was the longest serving president of the Maryland Chapter of AMHCA (LCPCM), and my heart is devoted to the development of our profession. But pragmatically when we create this limitation and exclude social workers, psychologists, psychiatric nurse practitioners, and psychiatrists as potential supervisors, we harm our new graduates in entering agencies, since these employers will only hire those who they can

supervise. Many public agencies have a large concentration of social worker supervisors and many colleges are dominated by psychologists. We want our new graduates to be accepted into any employment setting. Our regulations must be realistic and flexible and not driven solely by professional identity concerns. In Maryland, we kept our regulations flexible, and new graduates have a wide choice of supervisors for half of their supervision, I would suggest Virginia follow our lead, as our example has worked and made counseling a major mental health profession in Maryland.

Commenter: Kristy Keefe, Western Illinois University 9/2/18 11:08 am

Opposed

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

We also urge you to urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

Commenter: Allie Minieri 9/2/18 11:21 am

opposition

I wm writing to indicate my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license rather than a more inclusive supervisory structure.

Commenter: Fred Bemak, George Mason University 9/2/18 11:23 am

Strongly oppose proposed regulation

As the Academic Program Coordinator and Professor for the George Mason University Counseling

and Development Program, I am strongly opposed to the proposed regulation to limit counselor supervision to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. Given the demand and need for mental health services both in Virginia and nationally and the corresponding lack of qualified mental health practitioners, this restriction, rather than helping to meet the mental health needs in the Commonwealth of Virginia, restricts supervisory training for counselors and may cause further human resource shortages in the provision of services. It is important to mention that there has been no research supporting this regulation that indicates a difference in quality or skill of trained counselors related to the profession of the supervisor. In fact, many of the textbooks and videos used in counselor graduate training are from psychologists, psychiatrists, and social workers. As the former head of the counseling departments at Ohio State University, Johns Hopkins University, and now George Mason University, I am proud to say that I have been involved with the training of 100s upon 100s of counselors who have received exceptional supervision from not only counselors, but also psychologists, social workers, and psychiatrists. I am strongly in favor of multiple professional disciplines providing supervision to counselors in training and strongly urge the Board to not support this very narrowly focused regulation that has no research basis.

Commenter: John E. Smith, Ed.D. 9/2/18 11:59 am

Proposal to limit licensure to CACREP Program graduates

I was the Academic Director of Seton Hall's Online Educational Specialist Program in Counseling until 2015. I continue to teach in the program. For many years our program has had a number of military personnel enrolled. I believe restricting the availbility of Internship supervisors could be especially problematic for active duty military students, who have little say as to where they may be stationed. Since Virginia is a state with a large military presence, I believe that this restriction would be very problematic for SHU students and likely others as well. This proposed restriction seems to serve programs, rather than students. John E. Smith, Ed.D.

Commenter: Rita Chi-Ying Chung, George Mason University 9/2/18 2:20 pm

Opposed restriction to only LPC and LMFT

I am the 2013 State Council of Higher Education for Virginia (SCHEV) Outstanding Faculty Award recipient and I strongly oppress the current proposed regulation of restricting supervision by only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). I believe this proposed regulation will do a great disservice to the Commonwealth of Virginia's citizens/the public and the counseling profession. The reasons why I strongly oppose the proposed regulation are as follows:

1. VA has approximately 4,575 LPCs (VA LPC, 2016) and 850 employed LMFTs (U.S. Bureau of Labor Statistics, 2017), with approximately 40% of LPCs nationally 55 years and older who may be due for retirement in the near future. The study conducted by VA LPC (2016) reported that 7% of the LPCs will retire within the next 2 years and 24% are projected to retire in 10 years. With the growing society's tension and pressures encountered by citizens that is frequently reported by mainstream news media and supported by empirical research, issues such as the opioid crises, race relations, xenophobia, interpersonal violence, gun violence, poverty, etc., there is and will be a growing demand for mental health counselors.With multiple factors such as 36% LPC who work in sole or group private practice (VA LPC, 2016) may allow this group limited opportunities to provide supervision; the projection of LPC retirements; and the proposed regulation to limit supervision to be done by only LPCs and LMFTs creates diminished supervisory opportunities for counselors working towards their license in Virginia and hence the reduction and delay of training the numbers of LPCs needed in the field to

address these social issues.

2. This proposed restrictive regulation of only having those who are LPCs and LMFTs will further reduce VA public/citizens access to counseling by LPCs for those who come from diverse and/or underserved populations and communities.

3. The counseling profession, similar to other mental health professions, overlaps with various mental health professions and yet all these professions have acknowledged, understand and accepted their unique identities and those of other professions. The non-inclusive approach limiting supervisors for LPCs to only LPC and LMFT supervisors sets precedence for divisiveness within the mental health profession, by suggesting which mental health professionals are more qualified to provide clinical supervision for others.In a time where there are great mental health needs in Virginia and nationally with a high demand for mental health professions to assist with society's social problems, I strongly believe that this regulation would foster divisiveness within the mental health professions and create harm to the population we serve.

Therefore, I strongly oppose to proposed regulation to restrict supervision of LPCs to only those who hold LPC or LMFT. I strongly urge an inclusive rather than restrictive supervision policy.

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Commenter: Tori Stone, PhD, LPC George Mason University 9/3/18 10:54 am

Opposition to regulation

I am writing to express opposition to the regulation restricting supervision of Virginia LPC candidates to Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Why impose further barriers to licensure in Virginia at a time when there is a critical need for mental health providers in all areas of the state? There is value in a diversity of clinical perspectives, opinions, and approaches. Restricting competent, experienced psychologists and social workers from providing supervision may hinder and potentially harm those seeking/needing supervision by limiting their options for supervision and employment (if there are no LPCs at an agency to supervise them, they will not be hired by that agency). The people of Virginia need access to qualified mental health professionals; this regulation may reduce access to counseling services at a time when those services are already difficult to obtain in many areas of the state.

Commenter: Paul Bello, LPC Privage Practice Lexington VA 9/3/18 9:38 pm

Opposed to restrictions on Supervisors and CACREP only accredidation

I am a licensed counselor practicing in Lexington VA. My education and training was in Maryland - the course work was identical to that required by VA, in some subjects, it exceeded this states required curriculum. My professors included Licensed Counselors, Licensed Social Workers, and Psychologist - I believe this mix provided a thorough and rich foundation that prepared me well to serve the wide range of clients served in my community. The program, while provided through the Applied Psychology Division, was specifically designed for the Professional Counselor.

Moreover, as I have watched and read about Virginia's accredidation struggle, I have yet to see empiracle evidence to support this move other than a couple of percentage point difference on the national exam. Anyone in this field knows that it is not a 2 to 5 point difference on any exam that

qualifies a person as a "good councelor". In my experience it is the richness of inclusiveness and diversity that enables young professionals to evolve into their avocation.

I applaud all the hard working, devoted professionals on the Board of Counseling - I do not envy the task you have in designing and enforcing policy and regualtions that serve the best interest of the Commonwealth. However, my community is under-served as it is - so many without health insurance and personal income to afford badly needed mental health support - please don't restrict that even further.

I believe those that support Restricted Supervision and CACREP accrediation come at this from their best intention; yet I urge you not to enact these proposal.

Commenter: Suzanne Lease, University of Memphis 9/3/18 11:09 pm

Statement opposing restrictive counselor licensure and preparation

I am an educator who has actively trained masters and doctoral level counselors and psychologists for the past 27 years. I am writing to state my opposition to the current regulations that restrict counseling residents' supervisors to individuals who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (MFT) license rather than following more inclusive supervision requirements that allow supervision by licensed psychologists (who frequently have more education, training, and experience in clinical supervision), psychiatrists and social workers. The restriction is not based on any evidence about the relative quality of supervision by LPC or MFT individuals compared to other appropriately trained and licensed mental health providers. As a scientist, I am skeptical about regulations that have no empirical support and that bypass the standard levels of review for regulatory change. Rather than enhancing services to the citizens of Virginia, the current regulation is likely to restrict their access to services because new graduates from clinical mental health training programs will not be able to meet their supervision requirements, rendering them unable to be employed and offer services to the public. In other words, it creates a problem where none existed.

In a similar vein, there is no empirical support for the ongoing efforts by the Board of Counseling to restrict Virginia counselor license to graduates of programs accredited by CACREP. Again, rather than protecting the citizens of Virginia, restricting licensure only to graduates of CACREP accredited programs ignores the established quality of other programs and restricts the number of mental health workers available to serve the needs of the population. This is hardly in the best interest of the state. However, it does appear to be based in a guild mentality focused on establishing a state-sanctioned monopoly by a private accrediting body.

Commenter: Elaine Johnson, Ph.D., Retired, University of Baltimore 9/3/18 11:27 pm

Opposition to limitations on approved supervisors and proposals for CACREP restrictions on licensure

I am writing in opposition to the regulation, adopted under former Governor O'Donnel's Regulatory Review in 2013, that eliminated psychologists and social workers as possible supervisors for counseling residents in Virginia. I am a psychologist and retired counseling educator. Across 4 decades I supervised students, taught in, and directed graduate counseling and psychology programs. My own training and that of the many hundreds of students I have known have been enriched by learning from psychiatrists, family therapists, social workers, addictions professionals, counselors, and psychologists. I can tell you, based on a lifetime of experience, that effective professionals from these various branches of the mental health field, when working with mental health clients, are all far more alike than different. Furthermore, the differences add rich perspective rather than detract from one's educational experience. Excellent supervision, including nurturing trainees' identity as professional counselors, is not the sole province those who

hold the LPC or LMFT degree. Moreover, disallowing trainees to seek out supervision from the professional with expertise in a given specialty area they want to learn, does a disservice to both students and the public.

Counseling trainees who wish to develop expertise in evidence-based treatments for trauma or brain injury might be best served by psychologists who have trained and worked in the VA system. Those wanting to specialize in working with autistic children may find their best supervision from a behavior analyst, just as those with interest in couples or family therapy may be best mentored by an LMFT, competency in addictions by addictions professionals, and so on. In a given locale or setting, an LPC may be the best supervisor for each of these scenarios. But the opposite is also possible, and the choice should be available to the trainee.

Creating training silos that separate developing counselors from supervisors and mentors who may otherwise be best positioned to facilitate their professional development, is a mistake. This thinking guided my choice of faculty and clinical supervisors for multiple areas of training in the counselor training programs that I directed. I strongly believe that drawing from multiple disciplines is the best model for counseling training, and therefore I strongly suggest that the current restriction on the supervision be removed from the Virginia regulations.

For similar reasons, I oppose the Board of Counseling's intention to require a degree from a CACREP-accredited counseling program for licensure as an LPC. Again, much is lost when the diversity of intellectual and professional traditions during training is limited, as is required under CACREP rules. Furthermore, there is no substantiated evidence that CACREP-accredited programs provide superior training. This is a national as well as a state concern, as all states grapple with how to best serve the public interest. Only three states require a CACREP degree for initial licensure, and in one state the restriction applies only to in-state applicants. Thus, overwhelmingly, states have not adopted CACREP as a licensure standard. The majority of counseling programs in the country are not CACREP-accredited, many (those based in psychology departments) cannot be, and many elect not to be, out of preference or due to the very high costs of obtaining and maintaining the accreditation. A CACREP-only policy in Virginia would put it out of synch with most states, limit training and employment opportunities across state lines, complicate attempts to establish portability of licenses among states, and, importantly, threaten the viability of one of Virginia's premier counseling programs, at George Mason University, which has not chosen this accreditation.

For all of these reasons I strongly urge a return to inclusive policy in qualifications for supervisors of counseling residents, and rejection of any proposal to limit LPC licensure to graduates of CACREP programs.

Commenter: Nicole Lashane Ellis 9/4/18 6:36 am

Why We Need Counselor/ CACREP, Accredited, Collaborative, Supervision

I am in support of the regulations that support the need for CACREP accredited programs. However, I believe that Counselors should collaborate with psychlogists and psychiatrists to supervise all interns, especially, in agency settings. Counselors have to have exceptional training in ethcial guidlienes , and procedures, that pertain to client rights, and mandated Multi-cultural training, that is just very important, yet it is not a significant part of psychology, or psychiatry graduate programs. And we believe in the importance of the collaborative relationship that epitomizes the power of the client to advance past their challenges.

I have seen some of the worst ethcial breaches, that involve professionals who only have psychology and psychiatry courses, without CACREP acrediation. The agency settings are often like military Gestapo setting, and are not very suppoertive of individual rights and

enhancing client growth, often because they have just eradicated their rights to individual liberties. This is where you see professionals treating many competent individual with very demeaning, condescending, and patroniing approaches that are just very insulting to the client.

And, historically, the race, gender, and social class, of the client have often affected these interactions. There is often that lack of respect, for individual perspectives, that is mandated in a CACREP accredited Counseling prograsm, that enforce a respect for diversity. This is why you see more psychologists and psychiatrists misdiagnosing African Americans and Latin Americans, for example, with improper diagnosis (Hood, 2002).

This is because while we counselors are required to acknowlwdgw the powerful influence, of external variables, such as, racism and sexism, our older Helping Professions have not added this requirement until recently. As such, an individdual, who has been a victim, of several hate crimes, for example, or encountered the "glass ceiling", previously, would probably have been misdiagnosed, by many of these professionals, as having an internal behavioral challenge, which is not accurate, or very helpful with helping clients to address their challenges, because every variable that affects these challenges is not adressed properly, or, even acknowlwdged in a competent manner, by that professional.

And, I have seen some surprising lack of proper assessment procedures with this population, until recently, with the new DSMV changes, that pertain to culture and social influences and assessment. This is a good step, and it epitomizes the need for respectful and open, collaboration among our professions. If you would like to get more information, pertaining to the ethical challenges, in agency settings, please check outt my comments , on "ACA Connect", on the American Counselors' Association's website.

Nicole Ellis

Licensure, School Counseling

Commenter: Deanna Hamilton, Chatham University 9/4/18 8:40 am

opposed

I am writing in opposition to a change in the law that would restrict profesional counselors from receiving supervision from mental health professionals including psychologists or other licensed behavioral health specialists. Not only would this change negatively impact / restrict counselors seeking supervision and licensure, it also, ultimately, restricts access to healthcare for members of the public in need of mental health services.

Commenter: Seton Hall University 9/4/18 9:37 am

Opposed!

This is bad for the profession in general. It imposes impediments to the rights of my colleagues to practice in Virginia.

Commenter: Jennifer Q. Morse, PhD, Chatham University 9/4/18 11:12 am

Opposed to restriction on supervisors and CACREP only

I am a licensed psychologist in the state of Pennsylvania (PS017244) who has benefitted greatly from supervision from many professionals during my graduate and postdoctoral training. I collaborate with health care professional in many professions and continue to benefit from their multiple perspectives. I currently teach both Masters and Doctoral students and always encourage them to value the wealth of perspectives offered by supervisors who hold different credentials. I strongly believe that clients and students receive better care and education when supervision can be provided by multiple professionals. **I strongly oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.**

In addition, I strongly encourage you to support analogous breath and diversity of professional perspectives by not restricting licensure to graduates of programs accredited by CACREP. CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP and would instead maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP as well as those who are affiliated with CACREP. **I strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP.**

Thank you.

Sincerely,

Jennifer Q. Morse, PhD

Associate Professor and licensed Psychologist

Chatham University

Graduate Psychology Programs

Woodland Road

Pittsburgh, PA 15232

Commenter: Jill Paquin, Chatham University 9/4/18 11:18 am

STRONGLY OPPOSED

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers. I also oppose the Board of Counseling's efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. I believe acceditation is an important quality control mechanism, however CACREP is only ONE credentialed accrediting body -- programs accredited by MPCAC and the soon to be accreditation granted by the American Psychological Association would be needlessly excluded by such legislation. We need more, qualified mental health professionals in the field, NOT a monopoly owned by CACREP which is

what this regulation would do.

Commenter: Noelany Pelc, Seton Hall University 9/4/18 12:09 pm

Opposed to CACREP Restriction

As a counseling educator and CACREP program graduate, I strongly oppose the regulatory reform initiative restricting program graduate choice of supervisors to LPCs or LMFTs. In providing mental health services to a diverse community with a spectrum of presenting concerns in a variety of contexts, it is in the best interest of public health, safety and welfare for the state of Virginia to support training, supervision and mentorship opportunities for graduates that reflect a variety of specializations. Supporting a CACREP monopoly on path to licensure would have significant and negative financial impacts for educational program, agencies, and limit access to necessary services to the public.

Commenter: James Bludworth, Director of the Counselor Training Center 9/4/18 2:28 pm

Strongly opposed to CACREP restrictions

I am writing to express my strong opposition to any regulation or law that would exclusively restrict counseling residents' supervisors to only those with Licensed Professional Counselor or Licensed Marriage and Family Therapist licenses. I request a return to inclusive supervision requirements which allow for a range of qualified licensed mental health professionals to provide required clinical supervision of counselor trainees. Excluding psychologists, psychiatrists, and social workers from providing clinical supervision to counselor trainees unnecessarily limits the training experiences available to such students. Moreover, it essentially excludes them from integrated models of behavioral health care which are now the cutting edge of the mental health profession.

I also strongly oppose efforts to restrict counselor licensure in any state to graduates of CACREP accredited programs only. Such a proposal, in essence, creates a government-sanctioned monopoly of a private organization (CACREP) which is not accountable to the citizens of the state in which the restriction is granted. The licensure process for counselors and other mental health professionals is meant to protect the public welfare. What CACREP proposes far surpasses the mandate to protect the public welfare and moves toward excluding qualified candidates simply because they chose an educational institution whose professional principles diverge from those of CACREP. The state licensing board must not abdicate its responsibility to protect the welfare of its citizens to a private organization such as CACREP. Please keep eligibility to sit for licensure a fair process wherein those who are qualified are granted the ability to apply for licensure based on their knowledge and abilities and not solely on what any one accrediting body has to say about the matter.

Commenter: Emily Conte, Seton Hall University 9/4/18 2:49 pm

Opposed

While I'm not a resident of Virginia, I am a current graduate student studying professional counseling and will seek licensure in the near future to become a Licensed Professional Counselor (LPC). Restricting counseling resident's supervisors to only Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (MFT) will cause unnecessary and possibly

unresolvable issues such as incapability to complete supervision hours and inadequate training. Without the diversity of the different roles and specializations that Psychologists, Social Workers and and Psychiatrists, I think graduate students will be missing out on a well-rounded internship experience and may not be properly trained in the field due to this severe restriction. If there was ever a time to make it more difficult to become a licensed helping professional, now is not the time. There is a clear need for mental health workers and this restriction reduces the amount of new individuals coming into the profession and it only hinders students who are currently studying from completing their degree.

Commenter: Shay Long 9/4/18 4:09 pm

Strongly opposed to CACREP-only legislation

As a graduate of the University of Baltimore's Applied Psychology Counseling Psychology MS training program, I oppose the Virginia Counseling Board's stated objective to restrict licensure to CACREP-program graduates. The University of Baltimore prepares counselors who have a strong counselor identity, as well as an appreciation for psychological science. I wish to retain my eligibility to practice in the state of Virginia as a well-qualified counselor. CACREP restrictions would eliminate my ability to ever move to, work in, and serve the residents of Virginia as a counselor, given that my graduate program is not CACREP accredited (nor is it eligible, based on the faculty's degrees in clinical and counseling psychology). In addition, I oppose the current regulation restricting supervision of counseling residents to LPCs and LMFTs. This regulation potentially endangers national licensure portability plans, further divides the sister professions of counseling and psychology, and limits options for clinical supervision during counselor residency at a time when consumers need more access to services, not less. Maryland continues to include psychologists, social workers, and psychiatrists as supervisors for Licensed Graduate Professional Counselors (LGPCs; the analogous level of practice to Virginia's "counseling resident") and does not discriminate against licensure applicants from Virginia's programs based on program accreditation, as there are no program accreditation requirements in Maryland for counselor licensure. As a neighboring state, I hope that Virginia will remain open to us as potential licensees, as Maryland remains open to Virginia graduates who meet educational requirements, regardless of program accreditation. As a military retiree who is accostomed to moving for work, Virginia has been part of the plan for.some time now, but this legislation will eliminate that plan for my family.

Commenter: Jenny Yount, Johns Hopkins Bayview Adult Autism Clinic 9/4/18 4:10 pm

STRONGLY OPPOSED

Why is CACREP so motivated to ruin the careers of many wonderfully trained therapists? I do not understand how this would even be considered. CACREP programs are primarily either online ($$$$$$) or at private schools ($$$$$$), making this very much about money. Please do not allow CACREP to shut out therapists that are trained by amazing psychologists. thank you, Jenny Yount, LGPC

Commenter: Dom Scalise Ph.D. 9/4/18 4:17 pm

Bad idea to support this

Dear Friends in Virginia:

I am writing so that you will consider reversing your course in restricting qualified psychologists,

psychiatrists, and social workers from being able to help your citizens get great mental health treatment.

As a psychologist, I was able/required to take a full doctoral-level semester course AND practicum clinical supervision which included theory, technique, and feedback on my ability to supervise a beginning counselor from a seasoned supervisor in psychology who watched my sessions via video tape and gave tailored feedback. Then I continued to specialize in supervision as one of my emphases where other masterful psychologists were evaluating my taped supervision sessions giving me loads of feedback after reviewing my sessions with trainees. However, this means those like me who spent our time working to on these skills would not be allowed to share our knowledge with your professional counseling and LMFT trainees in Virginia.

Aaron T Beck, a psychiatrist credited with creating Cognitive Therapy (an empirically supported treatment which has saved countless LIVES) would not be able to supervise your counselors or LMFTs if he moved to your state under this plan. The INVENTOR of the lifesaving/changing approach could not supervise those learning how to use it in your state! Nor would his daughter Judith Beck, a prominent psychologist in her own right, be able to supervise trainees who are working to specialize in this very common and helpful form of psychotherapy/counseling. You would want her practicing in your state and training those counselors, I promise. Think of what that means?

If you are interested in the mental health of your citizens, you might take a closer look at those in the field who are doing masterful work with effective treatment approaches and make sure you aren't restricting their ability to train future counselors. And if a counselor/LMFT has demonstrated appropriate preparation in supervising at a high level, I am willing to say vice versa. The mental health needs are too great to be making the pool of qualified supervisors smaller when it's already a challenge and liability to take on a supervisee!

To lawmakers in support of this: I challenge you to ask your family and loved ones whose lives were made better (or perhaps saved) by a mental health professional. Track down that person and see what clinical approach was used. I will contribute $10 to your campaign fund if the theory or approaches used by that professional were solely developed by or supported by the work of a professional counselor or LMFT (and not a psychiatrist, social worker, or psychologist). Email me the story and the training. We psychologists are not necessarily the best just because of our label but we sure should be in the conversation and our training should be taken seriously as competent supervisors for ANYONE serious about learning counseling or psychotherapy..

If this were to pass, VA would be a much less attractive place to move a business like mine and many of my colleagues who are eminently qualified to supervise ANYONE seeking licensure for counseling/psychotherapy.

A DO can supervise an MD in medicine. They are over it! Why? Because patient care is more important than turf wars and protecting a profession. There is plenty of time to fix this. States that have attempted something similar are dealing with unintended consequences making training and supervision harder for the rural communities or for organizations who would need to fire and hire based on degree title. Please don't make the same mistake.

Commenter: Nicole DiCarlo, Univeristy of Baltimore 9/4/18 4:29 pm

Opposed

Strongly opposed to restricting to CACREP only. There are so many people who need mental health care and this should not be limited.

Commenter: Ruth Palmer, PhD, Eastern University 9/4/18 4:53 pm

strongly oppose CACREP efforts to restrict counselor training & practice

Dear Honorable Ralph Northam and Virginia Board members,

As Counseling Psychologist (licensed in PA) and who has trained master level counselors for 20 years, I strongly oppose the current regulations that restrict counseling supervision for Virginia residents to those who hold Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) licenses. It is absurd that other professionals in Virginia with a similar license and expertise to mine would be excluded as supervisors. The exclusion does not serve the people of Virginia, but rather serves the purposes of an organization dedicated to monopolizing counseling practice.

As Director of a counselor preparation program, I affirm with my faculty colleagues the uniqueness of counselor identity, roles, and functions. Nevertheless, we also recognize how the counseling field builds upon contributions of psychology and other mental health disciplines, and that ultimately our students will work alongside practitioners from many disciplines. Accordingly, our students are trained by instructors with diverse professional training and credentialing. The learning objectives/activities are clear in our courses (which maintains the integrity of our program's counselor identity), and the faculty who teach are hired based on their competency in the content and skills to be taught. Over the years, our students have benefited from the expertise of professional counselors, psychologists, marriage & family therapists, behavior analysts, social workers, nurses, and psychiatrists. We know our students' education is enriched by this diversity of professional background and expertise, and we sought an accrediting body that would support this. And some of our graduates end up practicing in Virginia, seeking supervision for licensure in your state.

I join counseling professionals from across the country to urge you to stop this and other exclusionary efforts by CACREP to restrict counselor training and practice. The people of Virginia need a strong Board that protects their rights to access quality mental health care. The counselors in Virginia need access to the supervisors who are qualified—by virtue of their training and expertise, not arbitrary rules imposed by the agenda of an independent organization with no public oversight or accountability, and one that does not represent the breadth of the counseling profession.

Sincerely,

Ruth B. Palmer, Ph.D.

Chair, Counseling Psychology Dept, Eastern University

Commenter: Peggy Farrelly, Ph.D., Seton Hall University 9/4/18 5:26 pm

Opposed to the proposed regulation

I am vehemently opposed to the proposed regulation that would restrict counseling supervisors to only those professionals with an LPC or LMFT credential. As it stands, there is a great need for mental health services in Virginia and other states. Limiting supervisors to only LPCs and LMFTs would effectively prevent mental health counselors from delivering much needed services to the wider population of citizens in Virgina. Rather, I suggest the regulation should continue to include qualified licensed psychologists, licensed clinical social workers and licensed psychiatrists as supervisors. Not only are these professionals highly trained, but it would prevent a potential dearth of supervision, thereby availing the populace to effective affordable mental health care access.

Furthermore, I oppose any efforts to restrict licensure to graduates of programs accredited by CACREP. There are many excellent graduate counseling training programs, not accredited by CACREP, that have produced extraordinary licensed counselors who have

demonstrated professional skills and knowledge that exceed CACREP requirements. Therefore, a CACREP-only restriction would decrease consumers' access (especially underserved communities), increase costs to consumers, and ultimately leave the mental health need of Virginia's citizenry unaddressed.

Respectfully,

Peggy Farrelly, PhD

Commenter: Catherine A. Fiorello, Coordinator of Counseling Program, Temple University 9/4/18 6:11 pm

Strongly opposed to CACREP-only legislation

I am strongly opposed to legislation restricting counselor training, supervision, or licensure to CACREP-approved programs. Although counseling is a profession, it has roots in psychology--counseling psychology being one of the three original specialty areas in psychology. Limiting training and supervision to professionals approved by a specific accrediting agency, rather than allowing for a wide range of mental health professionals with relevant expertise to teach and supervise counseling students, unnecessarily limits the number of providers available to the people of Virginia. Psychologists, social workers, marriage and family counselors, school counselors, and professional counselors all have expertise and competence that is of benefit when training professional counselors. I would not want to tell the graduates of my program that they are unable to practice in Virginia because some of their training was conducted by counseling, clinical, and school psychologists, when those professionals have much to offer our students.

Commenter: Marley Lebrecht- Discover Center and Seton Hall University 9/4/18 7:54 pm

Opposed to the Proposed Regulations

To Whom It May Concern:

I am strongly opposed to the proposed regulations of LPC and LMFT only supervisors. Although I plan to prcatice in the state of Utah, this affects the entire field of counseling. It is difficult enough for someone to seek licensure as a counselor, and limiting the number of people that can supervise their hours is hurting this process even more. It will impede MANY people from being able to become a licensed counselor, and this is the opposite of what we should be working towards at this time. Additionally, I know from experience, both personal and professional, that some of the most talented and amazing therapists and counselors are non LPC or LMFT, and this regulation would be denying people the phenomenal experience of working under these counselors.

I sincerely hope these regulations are reconsidered.

Marley Lebrecht

Commenter: Alex Hilert, M.Ed. 9/4/18 7:54 pm

Opposed

As a graduate of non-CACREP counseling program, I strongly oppose legislation mandating licensure be restricted to CACREP programs. In my master's counseling program I was trained by exceptional leaders in the field with a wealth of knowledge and experience. My training prepared

me well to serve in a variety of professional setting as well as continue my education into a doctorate program. At the end of the day, there is no research to suggest that counselors from CACREP programs are better counselors than non-Cacrep programs. Furthermore, I believe we need to reverse the decision mandating supervision for LPCs be provided only by counselors. Psychologists and social workers offer a wealth of knowledge and are in many work settings the only ones there available to provided supervision. I have had many dedicated, high quality supervisors with backgrounds in social work. In no way did their professional background hamper their ability to provide supervision. Thank you for considering this comment.

Commenter: Peggy Brady-Amoon, PhD, LPC, Alliance for Professional Counselors (APC) 9/4/18 10:12 pm

Urge all to reject CACREP only licensure and expand options for counselor supervision

September 4, 2018

Honorable Ralph Northam

Governor of Virginia

Dear Governor Northam:

The Alliance for Professional Counselors (APC), a national organization of counselors and counselor educators, urges you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). We also urge you to reject recent regulations that limit graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

We fully respect that these decisions are within the purview of the Commonwealth of Virginia. However, APC asks your consideration because these policies, as proposed and enacted, are detrimental to the citizens and economy of Virginia. Furthermore, given the potential for inter-state licensure portability and compact agreements, we urge you to consider the national implications of decisions about these issues. By rejecting efforts to restrict counselor licensure to graduates of programs accredited by CACREP and restoring previous regulations that permitted licensed psychologists, psychiatrists, and social workers to serve as residents' supervisors, you and your administration have another opportunity to improve the health and well-being of Virginia residents and the State economy.

Opposition to CACREP licensure restrictions

We are particularly concerned about the Virginia Board of Counseling's continued efforts to restrict licensure to CACREP graduates. Although that proposal was officially withdrawn, Board of Counseling minutes and reports from prospective licensees that board staff have told them that Virginia is moving quickly to restrict licensure to graduates of programs accredited by CACREP, have alerted us that this threat to Virginia and the nation remains viable.

We call your attention to the VA economic impact analyses (2016 and 2017) and overwhelming public comment opposition to the proposal to restrict counselor licensure to graduates of programs accredited by CACREP in 2017. Together, those sources demonstrate that the restriction of counselor licensure to graduates of programs accredited by CACREP would solely benefit CACREP, an independent organization, and by extension, programs that choose to pursue and maintain that accreditation. At the same time, that restriction would harm the citizens of Virginia as it would reduce the number of qualified counselors at a time when more are needed. It would also force George Mason University to reconfigure its internationally respected counseling program to

meet CACREP requirements or close.

Although CACREP, which was founded in 1981, accredits the majority of Counselor preparation programs in Virginia, it accredits approximately one third of counseling programs nationally. Another 10% are accredited by the Masters in Psychology and Counseling Accreditation Council (MPCAC), which was founded in 2011. This leaves more than half unaffiliated with any program-level accreditor.

The American Psychological Association's (APA) recent recognition of master's level training in psychology does not, as minutes from the Board of Counseling incorrectly assume, address objections to CACREP-only restrictions. Furthermore, in addition to programs in which the faculty have decided not to pursue accreditation through CACREP, often despite professional pressure to do so, many other quality programs with long-standing records of success, including counseling psychology master's programs and counselor preparation programs housed in psychology departments, are ineligible, by current CACREP requirements, for accreditation

Opposition to restrictions of counseling residents' supervisors to LPC and LMFT holders

As part of the periodic review of regulations for the practice of professional counseling, we urge to you to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this restriction will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where supervisors with LPCs and LMFTs are not available (and who would be able to offer supervision through licensed psychologists and social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

It appears that this regulatory change occurred as part of a much larger and broader Regulatory Review Initiative during 2012-2013, when, ironically, the impetus was on reducing regulation. As such, this particular change did not get the level of detailed scrutiny that it would have under the regular regulatory change process. There is no data to suggest that other licensed mental health practitioners, notably psychologists (whose profession supplies the bulk of the theory, techniques, and research base for mental health practice), provide supervision of lesser quality than LPCs or LMFTs. Furthermore, given the truncated review process, there may be unintended consequences, particularly in terms of in-state and interstate commerce. For example, the profession is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. Moreover, any regulation that advantages one sector of the profession over others, absent any evidence for improved service delivery, is unfair to consumers and professionals alike.

Overall, we urge you to take action to retain inclusive regulations and law, to reject governmental coercion to create a monopoly for CACREP, and reverse restrictions on graduates' supervisors for licensure to include licensed psychologists, psychiatrists, and social workers.

Thank you for your consideration.

Respectfully,

Peggy Brady-Amoon, PhD, LPC

President, Alliance for Professional Counselors

www.apccounseloralliance.org

&

Associate Professor

Department of Professional Psychology & Family Therapy

Seton Hall University
South Orange, NJ 07079
Margaret.brady-amoon@shu.edu

Cc: Dr. David E. Brown, Virginia Department of Health Professions
Dr. Daniel Carey, Secretary of Health and Human Resources
Ms. Elaine J. Yeatts, Department of Health Professions

Commenter: Eve Adams, New Mexico State University 9/4/18 10:42 pm

Professional Counseling Regulations Public Comments

I submit this comment opposing the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Further I oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Thank you for your consideration of this issue.
Sincerely,
Eve Adams

Commenter: Co-Chairs, Department of Professional Psychology and Family Therapy 9/4/18 10:53 pm

OPPOSE RESTRICTION OF COUNSELOR LICENSURE

On behalf of the Department of Professional Psychology and Family Therapy at Seton Hall University, we, Department Co-Chairs, urge you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). In addition, as part of the periodic review for the practice of professional counseling, we also urge you to reject the current regulations that limit counseling graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

Over the past 50 years, our Department has successfully prepared counselors to deliver quality mental health services to diverse populations in various parts of the country. The alumni of our counseling programs have obtained licensure throughout the US and restriction of counselor licensure would create a barrier for Seton Hall students and alumni that wish to practice in the state.

There was overwhelming opposition to this proposal during the 2017 public comment period, because the social and economic costs of restricting licensure outweigh the benefits. The adoption of a CACREP-only licensure restriction would unnecessarily limit the number of licensed counselors in Virginia at a time when more counselors, not less, are needed.

In addition, as part of the periodic review of regulations for the practice of professional counseling, we urge you to reverse the regulation, adopted outside the normal processes, that restricts counseling residents' supervisors to people with LPC and LMFT licenses. There is no evidence to suggest that LPCs and LMFTs are more qualified to serve as supervisors than licensed psychologists, psychiatrists, and social workers. Given that the majority of qualified supervisors are licensed psychologists, psychiatrists, and social workers, this restriction would unnecessarily limit options for counselors seeking licensure in Virginia and is therefore detrimental to both the public and profession.

Commenter: Dr. Willow Pearson & Dr. Helen Marlo, Notre Dame de Namur University 9/5/18 12:07 am

Oppose restricting counselor residents' supervisors, oppose CACREP accreditation requirement

September 4, 2018

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Ms. Yeatts,

We are writing to you from the Department of Clinical Psychology on behalf of Notre Dame de Namur University in Belmont, California.

This letter is to express our strong opposition to the current regulations in Virginia that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and to urge a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. This is an issue that affects not only your state but also other states where such legislation may be introduced to the profound detriment of counselor education. In addition, it significantly limits graduate students' access to high quality Master's programs, and prohibits some of the most underserved from receiving much needed mental health services through graduate programs.

We also strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last fall. This issue, too, has national implications, limiting graduate students from receiving diverse training from well qualified faculty while, also, significantly burdening select academic institutions.

The proposed Virginia restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are *not* by any means "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions." Opposition to these restrictions is vital to maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Please contact us if we can be of further support in opposing this regulation, given the detrimental impact on counselor education not only in Virginia but also in the nation.

Sincerely,

Willow Pearson

Willow Pearson, PsyD, LMFT, MT-BC

Director of Clinical Training & Assistant Professor

Department of Clinical Psychology

Licensed Clinical Psychologist (PSY29436)

Licensed Marriage and Family Therapist (LMFT50993)

Board Certified Music Therapist (MT-BC 05773)

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Helen Marlo

Helen Marlo, Ph.D.
Chair, Department of Clinical Psychology
Professor
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Notre Dame de Namur University
Department of Clinical Psychology
1500 Ralston Ave. Belmont, CA 94002

Commenter: Mark R. Ginsberg, Ph.D. George Mason University 9/5/18 7:36 am

Strong Opposition to Proposed Regulation

I am in strong opposition to the proposed regulation. The proposed regulation is without merit or demonstrated need. In fact, it is fully antitheticial to the need for mental health professionals, including Professional Counselors, to learn from, understand and develop collaborative relationships with colleague mental health professionals from across the professionals.

The proposed reguation is consistent with a framework that seems to be endorsed by a small minority of LPC's who (evidently) to seek conflict rather than collaboration with their peers from other professions. I do not understand the vaue of the proposal and believe that it will have significant "unintended" negative consequences for the field and the mental health professions more generally.

I am strongly opposed to this proposed regulation.

Commenter: Jane Stafford, University of SC Aiken 9/5/18 9:58 am

Strongly Opposed

We take this opportunity to inform the Governor of Virginia about another accrediting body in the Counseling field, the Masters in Psychology and Counseling Accreditation Council (MPCAC, mpcacaccreditation.org). MPCAC has accredited almost 55 programs across more than 20 states, and has several programs undergoing the accreditation process. Almost all of these programs are counseling in nature, and their graduates pursue licensure as professional counselors in various states.

The mission of the Masters in Psychology and Counseling Accreditation Council (MPCAC) is to "accredit academic programs that provide science- based education and training in the practice of counseling and psychological services at the master's level, using both counseling and psychological principles and theories as they apply to specific populations and settings. Although programs may vary in the specific model of training and professional development utilized, commitment to science-based education is emphasized in the interest of providing services that are culturally responsive and that promote the public good." MPCAC's standards are grounded in the science of psychology and the practice of counseling, thus integrating the best of what both professions have to offer. In so doing, MPCAC encourages cutting-edge training reflecting state-of-

the-art research from both the psychology and counseling fields (offering complementary knowledge).

MPCAC uses a competency-based framework that allows programs to be flexible in the manner in which they educate students. This focus on competencies allows programs to craft curricula tailored to the unique needs of particular state laws or specific populations. The emphasis on scientific knowledge reflective of and responsive to given populations, ensures that programs remain current both in the training they offer and in their relevance and applicability to the diverse populations they serve.

MPCAC's standards reflect a clear commitment to professional identity by requiring programs to offer training in both ethical practice and professional values and attitudes. In that context, programs must demonstrate how their students display a defined professional identity in the science-based practice of counseling and psychological services as it relates to their area of concentration (e.g., professional counseling).

MPCAC provides an added value to academic programs, state licensure boards, and the public via clearly defined standards and related professional competencies. MPCAC standards focus on promoting science-based and culturally responsive education in the service of the public good. MPCAC's mission and objectives provide licensing boards (whose mission is to protect the public) with the validation that an external body has reviewed an academic program and ensured quality training. The MPCAC accreditation process is rigorous; involving a detailed self-study by the institution, a site visit by professionals in the field, and a detailed report including both recommendations and stipulations for accreditation. Academic programs seeking MPCAC accreditation benefit from the peer review process, feedback, and consultation obtained through this accreditation process.

The demand for mental health services is greater than the mental health field's ability to meet it. Inclusive, rather than restrictive, practices are therefore needed to promote the public good. Excluding MPCAC accredited programs from licensure negatively impacts portability and therefore states' ability to meet the mental health needs of their citizens. Including MPCAC in licensing options only helps portability and states' ability to meet the needs of the populations they serve. The primary mission of state licensing boards is to protect the public from incompetent practitioners; MPCAC's mission is to promote excellence training in counseling.

Several fields (such as nursing, business, psychology) offer multiple pathways to achieve core competencies and therefore credentialing; the practice of counseling and psychological services at the master's level is no exception. Most fields, particularly those in the health care arena, recognize the added value of diversity in training, and the danger of group-think when such diversity is lacking. Science-based principles and practices develop most freely in an environment that fosters interdisciplinary work and steers away from rigid intellectual silos. Therefore, the existence of multiple accrediting bodies promotes the richness of a field and consequently the public good.

If you have any questions about MPCAC, you may contact Dr. Pat O'Connor (Executive Director of MPCAC) at oconnp@sage.edu, or Dr. Jane Stafford (Chair of MPCAC) at jstafford@usca.edu.

Commenter: New York University 9/5/18 10:12 am

Opposition to CACREP-only policy in Virginia

A CACREP-only policy will restrict opportunities for new graduates.

Commenter: Kathryn Kominars, Florida International University 9/5/18 10:16 am

Strongly Opposed

Honorable Governor of Virginia, please continue to support inclusive supervision. There is no need to alter the "playing field" in the way. Turf wars between professional health care providers doesn't not serve the public. Please don't contribute to this attempt to promote one discipline over others. I am a native Virginian who did my graduate work in Pennsylvania. With this legislation I would not be eligible to work in Virginia as a licensed mental health counselor if I returned home because my training in PA wouldnt meet these new requirements. Sincerely yours!

Commenter: Rachel L. Navarro, University of North Dakota 9/5/18 10:24 am

Opposition to proposed restrictions on program accreditation and supervision requirements

While I am not a resident of Virginia, I think it is crucial to voice my opposition publicly as a licenced psychologist as this is a national and state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accredition or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the

majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

Commenter: Mary Ann McCabe, Ph.D., ABPP, Independent Practice 9/5/18 12:02 pm

Strong opposition to the proposed regulation

I am in strong opposition to this regulation that is intended to restrain trade with no potential public benefit! CACREP has a "fifty state strategy" that will harm the discipline of psychology, psychology graduate programs that train mental health counselors, and graduates from these programs who trained in good faith with strong faculty in accordance with standards for licensure in their respective states. PLEASE do not fall prey to this political take-over.

Commenter: Wonjin Sim, Chatham University 9/5/18 1:27 pm

Strongly opposed

As a licensed psychologist and educator, I strongly oppose the the Virginia Counseling Board's stated objective to restrict licensure to those who are from CACREP-programs.

Even though I live and work in Pennsylvania, some graduates from our program who are very talented clinicians want to move to VA and work there, but if VA restrict licensure to only CACREP graduates, many therapists who have great training in psychology and science background will not be able to move to VA. Our program did not want to pursue CACREP because its regid criteria does not fit with our training philosophy and we want to train therapists with solid understanding of psychology.

This means people in VA will not have access to many talented therapists who received solid education from counseling psychology programs. And, it will limit the accessibility of psychotherapy in VA, which is already an issue. The CACREP restriction is only based on the interest of the CACREP and will definitely short-sighted and not in the best interest of the residents of Virginia.

Commenter: Ruth E. Fassinger, University of Maryland (Professor Emerita) 9/5/18 2:05 pm

Strongly Opposed to CACREP-only licensure and supervision restrictions

This comment is written in strong opposition to the CACREP-only restriction of licensure and supervision of counselors in Virginia. I am currently a fellow of the American Psychological Association (APA) and President of the Society of Counseling Psychology (SCP), Division 17 of APA. SCP already has submitted a letter strongly opposing this regulatory decision, and I write this comment as an individual professional psychologist with experience relevant to the issue.

I taught, trained, and supervised professional counselors and psychologists for more than 20 years at the University of Maryland in a department that included both master's-level (counseling) and doctoral-level (psychology) programs, and many of these graduates are now leaders in their respective fields, including individuals in mental health practice, research, education, and public service in Virginia. I am saddened to see this dismissal by CACREP of the long-standing contributions of other mental health professionals to the training of counselors, and its attempt to gain a monopoly over training and supervision of counselors.

This attempted restriction flies in the face of well-documented and overwhelming mental health needs in our communities, where we should have many more professionals to meet those needs, not less. This restriction also portends highly negative economic and regulatory repercussions for Virginia, at a time when interstate licensure portability is a professional necessity and health service provider graduate training programs all over the U.S. are responding to societal needs by broadening, not narrowing, their scope of training and supervision, using integrative models that incorporate a variety of professionals working together in service provision.

The data documenting the negative consequences of a CACREP-only decision in Virginia are thorough and public, and the mental health needs in our communities also are extensively documented and highly visible in our streets, our schools, and our workplaces. I urge careful attention to these data, as well as decisions that are based on facts and known community needs, not merely the interests of a single guild.

Ruth E. Fassinger, Ph.D.

Commenter: Seton Hall University, College of Education and Human Services 9/5/18 3:06 pm

Opposed to CACREP only

To the Virginia Leadership,

I encourage you to reject all attempts to restrict counselor licensure in Virginia to graduates of programs accredited by the Council for Accreditation of Counseling and Related Educational Services (CACREP). I further urge you to reject the current regulations that limit counseling graduates' choice of supervisors to people with Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) licenses.

Seton Hall University's department of Professional Psychology and Family Therapy Department is proud of our success over more than 50 years in preparing ethical and effective counselors, and other mental health professionals. We are also proud of our more than 20 year success with online delivery of counselor preparation programs. Our alumni are licensed practitioners making a difference nationally and internationally. The decisions you make in Virginia will have an impact on the Seton Hall programs, students, alumni – and, most importantly, the people we all seek to serve.

I urge you to reject efforts to limit counselor licensure in Virginia to graduates of programs accredited by CACREP. As two successive Virginia Economic Impact Analyses (2016, 2017) conclude, "costs likely outweigh benefits for this proposed regulation." Furthermore, we urge you to consider the overwhelming opposition to this proposal during the 2017 public comment period. Adoption of a CACREP-only licensure restriction would unnecessarily limit the number of licensed counselors in Virginia at a time when more counselors being sought for school and community settings.

Similarly, as part of the periodic review of regulations for the practice of professional counseling, I urge you to reverse the regulation, adopted outside the normal processes, that restricts counseling residents' supervisors to people with LPC and LMFT licenses. The majority of qualified supervisors

are licensed psychologists psychiatrists, and social workers. As there is no evidence to suggest that LPCs and LMFTs are more qualified to serve as supervisors than licensed psychologists, psychiatrists, and social workers, this restriction would unnecessarily limit options for counselors seeking licensure in Virginia and is therefore detrimental to both the public and profession.

Thank you for your consideration of my comments.

Sincerely,

Maureen D. Gillette, Ph.D.

Dean, College of Education and Human Services

Seton Hall University

maureen.gillette@shu.edu

Commenter: Jared L. Skillings, PhD, ABPP, Chief of Professional Practice, APA 9/5/18 5:14 pm

American Psychological Association urges inclusiveness in counseling rules

September 5, 2018

The Honorable Ralph Northam
Governor of Virginia
P.O. Box 1475
Richmond, VA 23218

Dr. Daniel Carey
Secretary of Health and Human Resources
P.O. Box 1475
Richmond, VA 23218

Dr. David E. Brown, Director
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Elaine J. Yeatts, Senior Policy Analyst
Virginia Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Dear Honorable Northam, Dr. Brown, Dr. Carey, and Ms. Yeatts:

RE: Public Comment to Executive Order 17 (2014) to Review Regulations Governing Practice of Counseling, Practice of Marriage and Family Therapy and Licensure of Substance Abuse Professionals

As Chief Officer of Professional Practice, I am writing on behalf of the American Psychological Association (APA) to provide comment on the review of the current regulations regarding the practice of professional counseling and marriage and family therapy in Virginia. APA is the professional organization representing more than 115,700 members and associates engaged in the practice, research and teaching of psychology. APA works to advance psychology as a science and profession and as a means of promoting health, education, and human welfare. We work closely with our state psychological organizations, like the Virginia Academy of Clinical Psychologists (VACP), to further those goals at the state level.

It is our understanding that pursuant to the Virginia Executive Order 17 (2014) and Virginia Code Annotated §§ 2.2-4007.1 and 2.2-4017, the Virginia Board of Counseling is obligated to conduct a periodic review and small business impact review of those administrative regulations under its

purview. The purpose of such review is to determine whether any regulation should be repealed, amended, or retained in its current form, considering the protection of public health, safety, and welfare, the performance of important governmental functions, and the potential economic impact on small businesses.

In this case, the review includes provisions governing the licensed practice of professional counseling and marriage and family therapy and licensing of substance abuse professionals.

APA would like to express strong concerns about two specific provisions subject to the Virginia Counseling Board's oversight: (1) the elimination of psychologists, social workers, psychiatrists and substance abuse professionals from supervising trainees and (2) the continued recognition of licensure applicants who graduate from regionally accredited programs which may include programs accredited by the Counseling and Related Educational Programs (CACREP) or the Council on Rehabilitation Education (CORE).

- ***Elimination of other mental health providers as approved supervisors of trainees in counseling, marriage and family therapy and substance use treatment is problematic***

The implementing regulations for professional counseling, marriage and family therapy and substance abuse treatment practitioners include provisions discontinuing the Board's recognition of providers in other mental health disciplines – e.g., "school psychologists, clinical psychologists, clinical social workers, psychiatrists and clinical nurse specialists" – from serving as supervisors for trainees' clinical training. [See 18 VAC 115-20-52(C)(3); 18 VAC 115-50-60(C)(3); 18 VAC 115-60-80(D)(1).] The language in all three of those provisions state that such psychologists et al who "have been approved to provide supervision may continue to do so until August 24, 2017." Clearly, up until that date, psychologists, psychiatrists and social workers had been recognized as eligible supervisors for clinical training. There does not appear to be a clear rationale how that change serves to protect public health, safety, and welfare.

To the contrary, this change restricts the pool of eligible supervisors for trainees who must complete a 3,400-hour supervised residency. There is no rationale offered demonstrating that there is an ample supply of licensed LPCs and MFTs to serve as supervisors to justify eliminating other provider disciplines who have been eligible to supervise up until August 2017. Drastically limiting licensure applicants' access to supervision runs counter to upholding protection of public health and welfare. There is no rationale for disqualifying otherwise eligible psychologists so long as a psychologist meets the supervisor qualifications outlined in the rules (namely, holding an active license in good standing where the supervision is provided and receives a certain number of hours in professional training or continuing education in supervision). In fact, the profession of counseling arose out of psychology – in particular, counseling psychology and some of the founders of the national counseling organization (American Counseling Association) were counseling psychologists. Therefore, psychologists who meet the supervisor qualifications should continue to be eligible to serve as supervisors.

We recognize the importance of maintaining the requirement in the rules that at least 100 hours of the required 3,400 supervised hours must be provided by a licensed professional counselor or a licensed marriage and family therapist to ensure that trainees receive some of their supervision from a licensed provider in their chosen discipline.

In addition, with health care moving towards integrated patient care using interprofessional teams, it would benefit trainees to be able to obtain supervision from various behavioral health provider disciplines. In fact, restricting supervision would impede a trainee from obtaining supervised clinical training in larger public and private clinical settings such as hospitals or even agency settings where trainees will routinely work in collaboration with other disciplines. To restrict the pool of eligible supervisors is a disservice to those trainees and ultimately to the patients and communities they will serve.

Therefore, we urge the board to repeal this particular provision from the rules governing professional counseling, marriage and family therapy and substance use treatment.

- ***Restrictions on licensure for only graduates from CACREP-accredited programs are***

not consistent with state administrative regulations

The administrative regulations for counseling, marriage and family therapy and substance use treatment practitioners outline the requirements for a graduate degree program. [See 18 VAC 115-20-49, 18 VAC 115-50-50, and 18 VAC 115-60-60.] Specifically, an eligible degree program must be housed in an accredited college or university, must provide a sequence of academic study preparing students for practice as documented by the institution, must be an identifiable training faculty as well as an identifiable body of students completing the sequence of study, and must have clear authority and primary responsibility for the core and specialty areas.

In addition, these administrative rule provisions state that programs approved by CACREP as well as CORE and COAMFTE are deemed as meeting the above-described requirements. But in no way does this state that only graduates from programs accredited by CACREP (or CORE or the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)) are eligible for licensure as professional counselors, marriage and family therapists or substance use treatment practitioners in Virginia. We strongly oppose changing this provision and urge that it be maintained so that the eligible workforce will not be restricted, protecting patients' access to sufficient number of providers.

To do other than complying with the administrative regulations would result in an unfair obstacle for graduates from non-CACREP accredited programs who might otherwise qualify for licensure, diminishing the number of licensed counselors in Virginia. We do not understand why the Commonwealth would want to reduce the number of mental health providers at a time when the demand for mental health services far exceeds the number of available providers. The trend across the US is to focus on how to increase the behavioral health workforce supply to meet the growing patient demands. In this instance, Virginia has not adopted CACREP as the exclusive accreditation standard and therefore, all licensure applicants from otherwise eligible programs ought to be considered.

On behalf of the APA, we appreciate your diligent consideration of this important issue. We believe that the current restrictions in the administrative rules are not based on true public protection concerns. Rather, they seem to have a negative consequence in limiting clinical training options for supervised trainees especially in integrated care settings. This in turn is a disservice for the public. We also encourage the board to consider all qualified applicants for licensure including those from programs that aren't CACREP accredited but otherwise meet the other regulatory requirements. Please feel free to contact us if we can be of any assistance as you consider these issues.

Sincerely,

Jared L. Skillings, PhD, ABPP

Chief of Professional Practice

American Psychological Association

Commenter: Sidney Trantham / Lesley University 9/5/18 6:23 pm

strongly support inclusiveness, not restrictions, for mental health counselors

I am writing to strongly oppose attempts to limit licensure of mental health counselors in Virginia to CACREP only training programs. CACREP is not the only standard for training mental health counselors, and in fact, is not the standard across the country. As the director of a mental health counseling training program, I am deeply troubled by CACREP's attempts to change state licensing rules that limit who can be licensed, who can supervise trainees, and what is considered the standard for counselor education. A more inclusive approach to counselor education that values diveristy of training of faculty is what is needed to strengthen the counseling field, not a lobbying group that has decided to market itself as the gold-standard for counselor training.

CACREP is a small minority that is attempting to not only speak for the entire counseling field but dictate counselor training standards.

Commenter: Melissa Wesner, LifeSpring Counseling Services 9/5/18 6:45 pm

Strongly Opposed to CACREP Only Licensure & Supervision Restrictions

I am writing to communicate strong opposition to CACREP only licensure and supervision restriction. I am urging decision-makers to give the supervision regulation the close scrutiny that it would have received under normal review processes. I oppose the 2013 Board action that narrowed the type of supervision allowed for the license. It sets a bad precedent in the profession where counselors are still working to make inroads into areas such as hospitals and clinics, where frequently the only available supervisors are psychologists or social workers.

I also oppose any proposed regulations to require a CACREP degree for licensure. Such a regulation would interfere with my (and others') ability to practice in Virginia. There is no credible evidence (from research or my experience) that CACREP graduates make better counselors. CACREP and the people who support it, however, regularly make these claims. Continuing to spread such claims without evidence serves to misinform the public. This alone should be of concern to decision makers. Decision makers need to be aware of CACREP's financial gain for spreading this misinformation and for ensuring that more and more future counselors and/or universities pursue CACREP accreditation. CACREP's efforts to change laws are not purely good intention and protection of the public as they claim. I am attaching the link from the CACREP website that shows their financial gain from the schools who seek accreditation. https://www.cacrep.org/for-programs/cacrep-accreditation-fees/

The job of our licensing Boards is to protect the public, and the Board should be making effort to protect the public from CACREP's unsubstantiated claims about how their counselors are better. CACREP should be honest about the fact that they are pushing these changes for financial gain.

Commenter: Carly Johnston, Seton Hall University 9/5/18 7:23 pm

I Oppose!

I oppose the regulation to restrict program graduates' supervisors to only Licensed Professional Counselors (LPCs) and Licensed Marriage and Family Therapists. (LMFTs). Although I am not a resident of Virginia, I am a graduate student who plans to seek licensure in the future, and I believe that this regulation denies the ability for a diverse and multidimensional learning experience for graduate residents. This regulation would be an unfortunate limitation to the mental health field as a whole. By limiting the supervisors of counselor residents, the students' opportunities are sparse, and experienced supervisors are being denied the right to educate prospective counselors. Limiting supervisors to LMFTs and LPCs alone impedes students from contacting supervisors and creates an unneccesary obstacle to licensure. It disqualifies valuable individuals from training prospective counselors, and stands to create a one-dimensional level to the future of counseling. This regulation imposes more problems than solutions to counselors and students alike, and I hope that it will be reconsidered.

Commenter: George Mason University 9/5/18 9:01 pm

Opposed

As a coordinator of internships in a counseling program, I strongly oppose restricting licensure supervision to LPC and LMFT only. I believe that this regulation would erect uncessary barriers to training in a time when more mental health professionals are needed in the workforce. We work with many outstanding professionals, and when we work together toward the common goal of training good counselors, everyone benefits.

Commenter: Dr. Sherry Ceperich, University of Richmond 9/5/18 10:39 pm

Opposed to supervision restrictions

Supervising new counselors and contributing to their professional growth and development has been one of the highlights of my career as a licensed clinical psychologist in Virginia for nearly 20 years. I have been privileged to provide training and supervision to students in counseling, social work, and psychology programs at master's, doctoral and post-doctoral levels in academic medicine, hospitals and colleges and universities in Virginia. Typically, when I have provided supervision from my perspective as a clinical psychologist (trained in counseling psychology), my voice has blended with supervisors' voices from other perspectives, modalities and even disciplines because the new professional has had multiple supervisors from varying backgrounds to help inform their own developing identity as a therapist. This diversity of supervision experience enhances the critical thinking, creativity and scientific knowledge base of the therapy profession more broadly. Receiving supervision from only one discipline narrows the opportunity to learn from diverse professional viewpoints and experience.

On a practical note, in my current work at a university counseling center, only one full-time staff member is licensed as a professional counselor in Virginia. The center employs several part-time counselors who are striving to obtain licensure (LPC) who are only able to be supervised by one staff member rather than gaining supervision experiences from six other staff who are clinical and counseling psychologists. This limits the new professionals' supervision opportunities, places a burden on one staff member to provide all the supervision without back up and deprives six other professionals the opportunity to supervise and share in this important part of a new counselor's development. If supervision restrictions remain, we and other centers and clinics will likely have to reconsider who we can take on for training and supervision based on their needed license, which could ultimately make it more difficult for counselors to obtain LPC status, thus decreasing the pool of licensed mental health professionals in Virginia.

Commenter: John L. Romano, Ph.D., University of Minnesota, emeritus 9/5/18 11:06 pm

Strongly oppose supervision restriction

I have educated graduate students in counseling and psychology for nearly 40 years at University of Minnesota. Our training program was CACREP accredited, but our Ph.D program was APA accredited. We graduated exceptional students, many who became leaders and licensed as LPC and LP. Restricting counselor supervisors to only LPC and LMFT is not in the public's interest. Psychologists, Social Workers, and Psychiatrists receive training in supervision, and excluding them fro supervisory roles severly limits quality care of clients. I also oppose any regulation that limits LPC licensure to only graduates of CACREP accredited programs. The public deserves the very best in mental health care, and limiting licensure and supervision to only one segment of the mental health professions is not in the best interest of those needing quality and accessible mental health care.

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Virginia regulations for the practice of professional counseling

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 12:14 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Mary Ann McCabe** <mamccabe@cox.net>
Date: Wed, Sep 5, 2018 at 12:11 PM
Subject: Virginia regulations for the practice of professional counseling
To: HealthAndHumanResources@governor.virginia.gov, David.Brown@dhp.virginia.gov

I want to notify you that I submitted the following comment online today:

I am in strong opposition to the proposed regulation that is intended to restrain trade with no potential public benefit! CACREP has a "fifty state strategy" that will harm the discipline of psychology, psychology graduate programs that train mental health counselors, and graduates from these programs who trained in good faith with strong faculty and curricula – in accordance with standards for licensure in their respective states. PLEASE do not fall prey to this political take-over.

Sincerely,

Mary Ann McCabe, Ph.D., ABPP

Licensed Clinical Psychologist

Independent Practice, Falls Church, Virginia

Associate Clinical Professor of Pediatrics

George Washington University School of Medicine

Affiliate Faculty in Psychology

George Mason University

Member, Forum on Promoting Children's Cognitive, Affective, and Behavioral Health

The National Academies of Sciences, Engineering, and Medicine | www.nas.edu/ccab

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Urge you to reject proposals to restrict counselor licensure to graduates of CACREP programs and permit supervision by licensed psychologists, psychiatrists, and social workers

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 5:47 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Margaret Brady-Amoon** <Margaret.Brady-Amoon@shu.edu>
Date: Tue, Sep 4, 2018 at 9:42 PM
Subject: Urge you to reject proposals to restrict counselor licensure to graduates of CACREP programs and permit supervision by licensed psychologists, psychiatrists, and social workers
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dear Dr. Brown,

On behalf of the Alliance for Professional Counselors (APC; www.apccounseloralliance.org), we respectfully urge you to reject all proposals to restrict counselor licensure in Virginia to graduates of programs accredited by CACREP. We also encourage you and other Virginia decision-makers to strike the regulations that restrict counseling residents' supervisors to people who hold LPC and LMFT licenses, which is currently under review as part of the periodic review of regulations for the practice of professional counseling.

Please see the attached letter to Governor Northam for our rationale.

Sincerely,

Peggy Brady-Amoon, PhD, LPC

President, Alliance for Professional Counselors

Peggy Brady-Amoon, PhD, LPC

Associate Professor

Department of Professional Psychology & Family Therapy

Seton Hall University

South Orange, NJ 07079 USA

--

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to Restriction of Supervisors for Graduate Students

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 5:28 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Emily G Conte** <emily.conte@student.shu.edu>
Date: Tue, Sep 4, 2018 at 4:35 PM
Subject: Opposition to Restriction of Supervisors for Graduate Students
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dr. David Brown,

While I'm not a resident of Virginia, I am a current graduate student studying professional counseling and will seek licensure in the near future to become a Licensed Professional Counselor (LPC). Restricting counseling resident's supervisors to only Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (MFT) will cause unnecessary and possibly unresolvable issues such as incapability to complete supervision hours and inadequate training. Without the diversity of the different roles and specializations that Psychologists, Social Workers and and Psychiatrists bring, graduate students will be missing out on a well-rounded internship experience and may not be properly trained in the field due to this severe restriction. If there was ever a time to make it more difficult to become a licensed helping professional, now is not the time. There is a clear need for mental health workers and this restriction reduces the amount of new individuals coming into the profession and it only hinders students who are currently studying from completing their degree.

Please reconsider this decision.

Sincerely,

Emily Conte
M.A./Ed.S Professional Counseling
Learning Team 40
Student ID #11624288

--
David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Concern about Proposed Virginia Counseling Regulation

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:52 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Epp, Larry** <larry.epp@fs-inc.org>
Date: Sat, Sep 1, 2018 at 2:35 PM
Subject: Concern about Proposed Virginia Counseling Regulation
To: david.brown@dhp.virginia.gov

Dear Dr. Brown:

I was the longest serving President of the Maryland Chapter of the American Mental Health Counselors Association (also called LCPCM). I am writing to you to open a line of communication, to raise concerns and share my experience surrounding the proposed regulation to limit who can supervise new professional counselors.

Naturally my heart is devoted to the development of the counseling profession. But pragmatically when we create a limitation to exclude social workers, psychologists, psychiatric nurse practitioners, and psychiatrists as potential supervisors for new professional counselors, we harm our new graduates in entering agencies, since many employers will only hire those who they can supervise.

Many public agencies have a large concentration of social worker supervisors and many colleges are dominated by psychologists. We want our new graduates to be accepted into any employment setting. Our regulations must be realistic and flexible and not driven solely by professional identity concerns.

In Maryland, we kept our regulations flexible, and new graduates have a wide choice of supervisors for half of their supervision, I would suggest Virginia follow our lead, as our example has worked and made counseling a major mental health profession in Maryland.

In the bigger picture of quality patient care, mental health supervisors should be chosen based on their experience, expertise, and maturity and not solely their discipline. Making professional competence the preeminent consideration leads to higher quality care.

Since I was one of the advocates involved in Maryland's supervision regulations, I would be happy to share my experience in our state. Thank you for considering my ideas,

--
Larry Epp, Ed.D.
Director of School Mental Health Services
Linkages to Learning Program
Family Services, Inc.
Part of the Sheppard Pratt Health System
620 East Diamond Avenue, Suite H
Gaithersburg, Maryland 20877
240-683-6580 Extension 205
240-683-6586 (Fax)
240-708-2167 (Text)
larry.epp@fs-inc.org
Website: www.fs-inc.org
Facebook.com/FamilyServicesInc
Twitter.com/FamilyServInc

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Supervision of Counseling Psychologists

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:52 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Steven J Danish** <sdanish@vcu.edu>
Date: Sat, Sep 1, 2018 at 3:47 PM
Subject: Supervision of Counseling Psychologists
To: HealthAndHumanResources@governor.virginia.gov, David.Brown@dhp.virginia.gov

Dear Sirs:

Last Fall I wrote to you opposing the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP. I noted that I had worked with both APA and CACREP and felt that eliminating either organizations from providing needed services would not be in the best interests of those needing such services. In the interim, because of my work with returning military service members, my feelings have somewhat changed. I have not found the majority of CACREP providers sufficiently competent to provide services to returning military service member through the VA. These CACREP providers still may be adequate to provide general services to the public **in addition** to those provide by APA-trained providers

Therefore, I also strongly oppose, what I believe to be a backdoor effort by CACREP to accomplish the proposal they withdrew last year to restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license. First, it drastically reduces the number of professional supervisors (licensed psychologists, psychiatrists, and social workers) and therefore reduces the number of potential providers as I have already discussed. Second, there is no support provided, especially research support, that these supervisors are more effective supervisors than licensed psychologists, psychiatrists, and social workers. Third, as I noted above, if CACREP providers are not sufficiently competent to provide services to military service members, why would we want to restrict supervision to their supervisors? And what training have LMFT supervisors had with military service members not experiencing a marriage and family problem?

This proposal makes no sense in light of their decision to withdraw the the previous proposal unless this is an effort to achieve the same result by "slipping one by the Board of Counseling."

Please reject this proposal and let's move on to ensuring all those in need of professional counseling services have the most effective providers and supervisors.

Thank you for the opportunity to respond.

Sincerely,

STEVEN J. DANISH, Ph.D. ABPP,
Licensed Psychologist in Virginia and President, Life Skills Associates, LLC
Professor Emeritus of Psychology
Virginia Commonwealth University
4420 Custis Rd
Richmond, VA 23225
804-323-3939 (W)
804-301-4213 (cell)
sdanish@vcu.edu

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Statement opposing restrictive counselor licensure and preparation

1 message

Brown, David <david.brown@dhp.virginia.gov> Tue, Sep 4, 2018 at 4:50 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Suzanne H Lease (slease)** <slease@memphis.edu>
Date: Mon, Sep 3, 2018 at 11:03 PM
Subject: Statement opposing restrictive counselor licensure and preparation
To: "David.Brown@dhp.virginia.gov" <David.Brown@dhp.virginia.gov>

Dr. Brown,

I am an educator who has actively trained masters and doctoral level counselors and psychologists for the past 27 years. I am writing to state my opposition to the current regulations that restrict counseling residents' supervisors to individuals who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (MFT) license rather than following more inclusive supervision requirements that allow supervision by licensed psychologists (who frequently have more education, training, and experience in clinical supervision), psychiatrists and social workers. The restriction is not based on any evidence about the relative quality of supervision by LPC or MFT individuals compared to other appropriately trained and licensed mental health providers. As a scientist, I am suspicious about regulations that have no empirical support and that bypass the standard levels of review for regulatory change. Rather than enhancing services to the citizens of Virginia, the current regulation is likely to restrict their access to services because new graduates from clinical mental health training programs will not be able to meet their supervision requirements, rendering them unable to be employed and offer services to the public. In other words, it creates a problem where none existed.

In a similar vein, there is no empirical support for the ongoing efforts by the Board of Counseling to restrict Virginia counselor license to graduates of programs accredited by CACREP. Again, rather than protecting the citizens of Virginia, restricting licensure only to graduates of CACREP accredited programs ignores the established quality of other programs and restricts the number of mental health workers available to serve the needs of the population. This is hardly in the best interest of the state. However, it does appear to be based in a guild mentality focused on establishing a state-sanctioned monopoly by a private accrediting body.

Sincerely,

Suzanne H. Lease, Ph.D.
Associate Professor, Counseling Psychology
Dept. of Counseling, Ed. Psychology and Research
APA Fellow, Division 17

The University of Memphis
100 Ball Building
Memphis, TN 38152
901.678.4476 | slease@memphis.edu

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

RE: "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy"

1 message

Bedford E. Frank Palmer II <bep4@stmarys-ca.edu> Fri, Aug 31, 2018 at 3:59 PM
To: elaine.yeatts@dhp.virginia.gov

Greetings Ms. Yeatts,

The discipline of counseling is a technical offshoot of the discipline of psychology. Counselors and Counselor Educators, for most part rely on the scientific and practical work of psychologist as the base their expertise. The CACREP-Only movement is based on the desire to corner the market on mental health work. It has nothing to do with patient welfare or the the public good. In fact, it works against the public good by limiting the potential training opportunities for masters level counselors, both in terms of the provision of supervision and in terms of their exposure to a diverse faculty of mental health experts. I currently work as an Assistant Professor teaching in a Counseling Department. Based on regulations like "18 VAC 115 20 Regulations Governing the Practice of Professional Counseling" and "18 VAC 115 50 Regulations Governing the Practice of Marriage and Family Therapy," I would not be able to share my particular expertise in counseling theory and practice.

As a Counseling Psychologist, I received over 5000 hours of supervised practical training in the provision of psychotherapy. I was required to take a course in clinical supervision as well as engage in supervised practice of clinical supervision. I was also required to build a deep understanding of psychological theory at both the undergraduate and graduate level, which is different from Counselor Education in that a psychology background is not always prerequisite for beginning counselor training. I share this with you not to claim any superiority, but to rebuff the idea that I should be restricted from assisting in the training of anyone who plans to provide psychotherapy.

I would ask that instead of placing CACREP-First, that you place the Public-First in your deliberations. I believe that Counseling is an important discipline, however I do not believe that it so unique that it must be taught by counselors exclusively. Nor should that desire for exclusive access to a market (i.e., a monopoly) be supported by the state.

Thank you for your time and consideration.

With Warm Regards,

Dr. Bedford Palmer II, 33*

Bedford E. Frank Palmer II, Ph.D
Licensed Psychologist, PSY #28058
Assistant Professor
Counseling Department
Kalmanovitz School of Education
Saint Mary's College of California
1928 St. Mary's Road, PMB 4350
Moraga, CA 94575
http://www.alamedapsych.org/

"Power concedes nothing without a demand. It never did and it never will." Frederick Douglass

"Ya gotta be able to make something from nothing." Joseph L. White

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to Restricting Counseling Residents' Supervisors

1 message

Brown, David <david.brown@dhp.virginia.gov> Fri, Aug 31, 2018 at 9:12 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Joseph H. Hammer** <joe.hammer@uky.edu>
Date: Fri, Aug 31, 2018 at 8:48 AM
Subject: Opposition to Restricting Counseling Residents' Supervisors
To: <David.Brown@dhp.virginia.gov>

Dr. Brown:

I'm writing to **express my opposition to the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.** After unanimous opposition to this then-proposed regulation in a 2012 public comment period, it appears this new restriction was added as part of a part of a Regulatory Reform Initiative, bypassing the normal usual levels of review for regulatory changes.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession. In addition, it should be noted that this regulation, which has yet to go into effect, was adopted outside the normal processes after a public comment period in which all commenters opposed the then-proposed regulation.

I am a psychologist with a PhD and have been training and supervising students who go on to be counselors for several years now. I'm a licensed psychologist with the health service provider designation and have formal training in supervision of mental health clinicians (a requirement of ALL graduates from a counseling/clinical psychology doctoral programs). It's tough to argue that I'm less qualified than someone with a master's degree (and no formal training in providing supervision) to supervise masters-level counseling residents. The people of Virginia, like the people of Kentucky that I serve, need more mental

health professionals available to them… not fewer. Let's not artificially restrict the pool of qualified supervisors, nor exclude high quality counselor training programs because they are uncomfortable pledging loyalty to the guild-first and Virginians-second policies of CACREP.

Thank you for your consideration,
Joseph Hammer, PhD

Joseph H. Hammer, PhD, LP
Assistant Professor and Director of Training
Counseling Psychology PhD Program
Department of Educational, School, and Counseling Psychology
243 Dickey Hall, University of Kentucky
joe.hammer@uky.edu | DrJosephHammer.com

--
David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Opposition to potential Counselor licensure and supervision restrictions in Virginia

1 message

Rachel Navarro <rlnavarrophd@gmail.com> Wed, Sep 5, 2018 at 10:33 AM
To: elaine.yeatts@dhp.virginia.gov

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Wednesday, September 5, 2018

Dear Mrs. Yeatts:

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process

of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accreditation or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Opposition to proposed restrictions on Counselor licensure and supervision

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 11:25 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

David E. Brown, DC
Director, Virginia Department of Health Professions

---------- Forwarded message ----------
From: **Rachel Navarro** <rlnavarrophd@gmail.com>
Date: Wed, Sep 5, 2018 at 10:29 AM
Subject: Opposition to proposed restrictions on Counselor licensure and supervision
To: David.Brown@dhp.virginia.gov

Dr. David E. Brown, Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463
David.Brown@dhp.virginia.gov

Wednesday, September 5, 2018

Dear Dr. Brown:

While I am not a resident of Virginia, I think it's important to voice my opposition publicly as a licenced psychologist as this is a national, as well as state issue. I am a graduate of a Master's in Counseling program that was not CACREP accredited and a Ph.D. program in Counseling Psychology that was APA-accredited. I hold multiple identities that include counselor, counseling psychologist, and counseling educator. I am a licensed counseling psychologist who is an administration, educator, and supervisor in a Master's of Counseling program that trains mental health, addictions, rehabilitation, and school counselors. In these roles, I have trained and supervised hundreds of Master's level students in counseling and counseling psychology for over 13 years.

I strongly opposed the Board of Counseling's continued efforts to restrict Virigina counselor licensure to graduates of programs accredited by CACREP, despite officially withdrawing this proposal last fall. This issue has national implications that limits graduate students from receiving diverse training from well qualified faculty, such as myself and my colleagues. Also this issues significantly burdens select academic institutions, and privileges others.

Along with the proposed Counseling licensure restriction to those who graduate from CACREP accredited counseling programs, the proposed restriction that these graduates can only receive supervisor for licensure from LPCs and LMFTs is NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions"—two goals of the periodic review. In fact, these restrictions would only serve to decrease the accessibility of counseling to the general public and increase the health disparities evident for social groups who have limited access to healthcare.

CACREP-only restrictions will create a government-imposed monology and a restriction on trade. For example, in Virginia, itself, the CACREP-only restrictions and the push for supervision from only LPCs and LMFTs would force George Mason University, a well-respected counselor training program and the only counseling program in Virginia that is not accredited by CACREP to pursue this accreditation or close. This restriction does not taken into consideration other means of monitoring and maintaining educational quality nor does it acknowledge alterative accreditation paths offered by MPCAC and potentially other accrediting bodies in the future. CACREP is but ONE accrediting body. It does not represent the only standard. These proposed CACREP-only and supervision restrictions also does not take into consideration the strict process of program review at accreditation institutions of higher education across the US and internationally. Our Counseling programs reside in colleges and universities that are accredited themselves.

Rejecting this proposal would not harm any program that chooses to maintain CACREP accreditation or any program that choose alternative means of monitoring and maintaining quality (which could include alterative accreditation).

Rejecting this proposal would maintain a path for licensure and service in Virginia for the majority of students in current Counseling programs across the US and internationally as well as alumni and faculty from these programs.

In the end, rejecting this proposal would support the need for greater access to mental health services. We need more qualified mental health professionals in the field, not less.

Sincerely,

Rachel L. Navarro, Ph.D., L.P. (ND #463)
University of North Dakota
Counseling and Counseling Psychology programs

NOTRE DAME
DE NAMUR UNIVERSITY

September 4, 2018

Dr. David E. Brown, Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Dear Dr. Brown,

We are writing to you from the Department of Clinical Psychology on behalf of Notre Dame de Namur University in Belmont, California.

This letter is to express our strong opposition to the current regulations in Virginia that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and to urge a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. This is an issue that affects not only your state but also other states where such legislation may be introduced to the profound detriment of counselor education. In addition, it significantly limits graduate students' access to high quality Master's programs, and prohibits some of the most underserved from receiving much needed mental health services through graduate programs.

We also strongly oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last fall. This issue, too, has national implications, limiting graduate students from receiving diverse training from well qualified faculty while, also, significantly burdening select academic institutions.

The proposed Virginia restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are *not* by any means "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions." Opposition to these restrictions is vital to maintain a path for licensure and service in Virginia for the national (and

international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Please contact us if we can be of further support in opposing this regulation, given the detrimental impact on counselor education not only in Virginia but also in the nation.

Sincerely,

Willow Pearson

Willow Pearson, PsyD, LMFT, MT-BC
Director of Clinical Training & Assistant Professor
Department of Clinical Psychology
Licensed Clinical Psychologist (PSY29436)
Licensed Marriage and Family Therapist (LMFT50993)
Board Certified Music Therapist (MT-BC 05773)
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Helen Marlo

Helen Marlo, Ph.D.
Chair, Department of Clinical Psychology
Professor
Licensed Clinical Psychologist (PSY15318)
hmarlo@ndnu.edu
650 579 4499

Notre Dame de Namur University
Department of Clinical Psychology
1500 Ralston Ave. Belmont, CA 94002

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: Professional Counselor Regulations Public Comment

1 message

Brown, David <david.brown@dhp.virginia.gov> Wed, Sep 5, 2018 at 5:47 AM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Eve Adams** <eadams@nmsu.edu>
Date: Tue, Sep 4, 2018 at 10:31 PM
Subject: Professional Counselor Regulations Public Comment
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dear Dr. Brown,
I submit this comment opposing the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and urge a return to more inclusive supervision requirements that includes licensed psychologists, psychiatrists, and social workers.

I urge decision-makers to strike the regulation that restricts graduates' choice of supervisors to people with LPC and LMFT licenses. That current regulation specifically excludes the majority of qualified supervisors in hospitals and related clinical settings, most of whom are licensed as psychologists, psychiatrists, and social workers. If this regulation is not changed, the experience in other states has been that this will pose a significant employment barrier to new graduates seeking employment in agencies and regions of the state where these supervisors are not available (and who can only offer supervision through psychologists or social workers). This policy actually harms the employment prospects of new counselors and hampers the growth of the profession.

Further I oppose the Board of Counseling's continued efforts to restrict Virginia counselor licensure to graduates of programs accredited by CACREP, despite official withdrawal of the proposal last Fall.

The proposed restriction that would limit licensure to graduates of programs accredited by CACREP and restrictions of graduates' supervisors to LPCs and LMFTs are clearly NOT "necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions," which are the goals of the periodic review.

CACREP-only restrictions would create a government-imposed monopoly of a private organization that is not accountable to the citizens of Virginia. It would also force George Mason University, an internationally respected counselor training program and the only counseling program in Virginia that is not, by choice, accredited by CACREP, to pursue that accreditation or close. Rejecting this proposal would not harm any program that chooses to pursue accreditation through CACREP; they can still do that. Rejecting this proposal would, however, maintain a path for licensure and service in Virginia for the national (and international) majority of students, alumni, and faculty in counseling programs that are not affiliated with CACREP.

Thank you for your consideration of this issue.
Sincerely,
Eve Adams

Eve M. Adams, Ph.D.
Regents Professor, Interim Co-Department Head and
Director of Training, PhD Program in Counseling Psychology
New Mexico State University
Box 30001/MSC 3CEP
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eadams@nmsu.edu
http://cep.education.nmsu.edu/academic-programs/counseling-psychology-phd/
http://cep.education.nmsu.edu/affiliated-programs/behavioral-health/
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David E. Brown, DC
Director, Virginia Department of Health Professions

Commonwealth of Virginia

Yeatts, Elaine <elaine.yeatts@dhp.virginia.gov>

Fwd: CACREP-only restrictions

1 message

Brown, David <david.brown@dhp.virginia.gov> Thu, Aug 30, 2018 at 1:51 PM
To: Elaine Yeatts <elaine.yeatts@dhp.virginia.gov>

---------- Forwarded message ---------
From: **Rosie Phillips Davis (rbingham)** <rbingham@memphis.edu>
Date: Thu, Aug 30, 2018 at 11:31 AM
Subject: CACREP-only restrictions
To: David.Brown@dhp.virginia.gov <David.Brown@dhp.virginia.gov>

Dr. Brown,
I am writing to strenuously oppose the current regulations that restrict counseling residents' supervisors to people who hold an active Licensed Professional Counselor (LPC) or Licensed Marriage and Family Therapist (LMFT) license and ***Strongly urge*** a return to more inclusive supervision requirements that include licensed psychologists, psychiatrists, and social workers. All of the mentioned professions have far more required training in counseling and therapy than that required for an LPC. Such a law could actually reduce the effective supervision and training that such counseling students could receive. I urge you to make a more reasoned decision that will have far more benefit to the residents of your state.
I also urge you to not support legislation that would restrict Virginia counselor licensure to graduates of programs accredited by CACREP. We must enact laws that provide the most benefit to citizens. I assure you that those individuals trained as psychologists, psychiatrists and social workers are fully competent to provide counseling services to the citizens of Virginia.
Thank you for your attention.
Best,
Rosie Phillips Davis

Rosie Phillips Davis (formerly Bingham), PhD, ABPP
APA President-Elect, 2018
Professor, Counseling, Educational Psychology & Research

UofM logo
The University of Memphis
Ball Hall 409B
Memphis, TN 38152
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David E. Brown, DC
Director, Virginia Department of Health Professions

August 30, 2018

To the Virginia Leadership:

In response to the current periodic review of the Regulations Governing the Practice of Professional Counseling (18 VAC 115 20), we are writing this letter to strongly encourage you to reject any attempt by the Virginia Board of Counseling to restrict counselor licensure to graduates of programs accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). We further request that you consider reviewing and removing the recent 2016 revision of the regulations (18 VAC 115 20) that restricts counseling residents in Virginia to receiving supervision from only Licensed Professional Counselors (LPCs) or Licensed Marriage and Family Therapists (LMFTs). Prior to the revision, psychologists, social workers, and psychiatrists were able to provide supervision to counseling residents.

We are concerned, based on the Virginia Counseling Board's meeting minutes and reports from prospective licensees, that proponents of CACREP accreditation are again poised to attempt to restrict the license-eligibility of graduates from psychology-based counselor master's programs. (CACREP does not accredit psychology-based programs; only MPCAC accredits psychology-based counseling master's programs.) If this movement continues unopposed and is successful, graduates of our Applied Psychology program and other non-CACREP accredited counseling master's programs in Maryland (that is, the majority of Maryland programs) will not be license-eligible in Virginia, simulating a type of regulatory capture and limiting the availability of well-trained practitioners from serving Virginia residents. In fact, only about 30% of counseling programs nationally are CACREP-accredited, thus reducing the number of eligible practitioners able to enter and practice in the state of Virginia should such a regulation pass.

Over the past 30 years at the University of Baltimore, we have students who travel to our program from and intend to practice in Virginia; CACREP licensure restrictions are a threat not only to our students and their professional goals, but to most Maryland graduate counselor training programs in general. The counselor licensure requirements of Maryland do not name any specific program accreditation for gradutes seeking licensure and do not restrict graduates of Virginia counseling programs from seeking licensure in Maryland based on program accreditation. In addition, the profession of counseling is currently exploring ways to enhance portability of counselor licensure. Restrictions in one state that are not shared by other, and particularly neighboring, states are likely to complicate efforts toward portability. We encourage you to review the 2016 Economic Impact Report on the last proposed regulation changes that would restrict licensure in Virginia to CACREP graduates:

Office of the Provost

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ubalt.edu

http://townhall.virginia.gov/l/GetFile.cfm?File=C:\TownHall\docroot\25\4259\7390\EIA_DHP_7390_vE.pdf

Rejecting a CACREP-only agenda does not threaten CACREP, the public, or the profession of counseling. Those schools that choose to seek CACREP accreditation remain free to do so. Those schools, such as George Mason University (GMU), that do not choose to seek CACREP accreditation may still train and graduate well-prepared counseling professionals to serve the residents of Virginia. GMU counseling program graduates are currently eligible for licensure in Virginia and have been serving the public for decades. Nothing will change regarding their training; only the restriction of a regulation change would render them ineligible for licensure, similar to the potential effects on many Maryland counselor training programs (and those across the country).

Finally, we urge you review and remove the regulation passed during Governor McDonnell's Regulatory Reform Initiative (RRI) that removed psychologists, social workers, and psychiatrists as eligible supervisors of counseling residents. This regulation was changed during a broad RRI in 2012-2013, the motivation for which was to alleviate regulatory burdens and promote job creation for Virginia residents. It appears that this change did not get the same level of public scrutiny that it would have under the regular regulatory change, although 6 public comments in 2011 were all opposed to the action before its passage under the RRI. The change, though enacted under the RRI, was not specifically listed as such in the report to the governor in December 2013. Additionally, the change was antithetical to the purpose of the RRI (removing regulations to alleviate burdens), as it instead further restricted resident counselors' ability to find qualified supervisors for their resident training period. The professions of psychiatry, social work, and most notably, psychology share theoretical, technical, and empirical bases for the work of mental health treatment with the profession of counseling. There is no evidence to suggest that these closely related professions and their licensed clinicians are unable to supply quality supervision to LPCs. Furthermore, these regulations are likely to interfere with portability of licensure between states, which is of great interest to Maryland training programs. Current Maryland state counseling regulations allow for psychologists, social workers, and psychiatrists (in addition to LPCs and LMFTs) to provide supervision to Licensed Graduate Professional Counselors (our version of counseling residents).

We appreciate your time and attention to our concerns regarding these important issues.

Sincerely,

Darlene Brannigan-Smith, Ph.D. — Date

Executive Vice President and Provost

Office of the Executive Vice President and Provost

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Baltimore, MD 21201

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8/30/2018

Christine Spencer, Ph.D. Date
Dean
Yale Gordon College of Arts and Sciences

30 August 2018

Sharon Glazer, Ph.D. Date
Chair
Division of Applied Behavioral Sciences

Courtney E Gasser, Ph.D., L.P.

8/30/2018

Courtney Gasser, Ph.D., L.P., N.C.C. Date
Program Director
Master's of Science in Applied Psychology-Counseling Psychology Concentration

Office of the Executive
Vice President and Provost

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Comment on Periodic Review of Chapter 40: Regulations Governing the Certification of Rehabilitation Providers

Virginia.gov Agencies | Governor

VIRGINIA REGULATORY TOWN HALL

Logged in as
Elaine J. Yeatts

Agency **Department of Health Professions**

Board **Board of Counseling**

Chapter **Regulations Governing the Certification of Rehabilitation Providers [18 VAC 115 - 40]**

Edit Review Review 1674

Periodic Review of this Chapter

Includes a Small Business Impact Review

Date Filed: 7/11/2018

Short Title
Periodic review

Review Announcement
Pursuant to Executive Order 17 (2014) and §§ 2.2-4007.1 and 2.2-4017 of the Code of Virginia, the Board of Counseling is conducting a periodic review and small business impact review of VAC citation: 18VAC115-40, Regulations Governing Certification of Rehabilitation Providers

The review of this regulation will be guided by the principles in Executive Order 17 (2014). http://dpb.virginia.gov/regs/EO17.pdf

The purpose of this review is to determine whether this regulation should be repealed, amended, or retained in its current form. Public comment is sought on the review of any issue relating to this regulation, including whether the regulation (i) is necessary for the protection of public health, safety, and welfare or for the economical performance of important governmental functions; (ii) minimizes the economic impact on small businesses in a manner consistent with the stated objectives of applicable law; and (iii) is clearly written and easily understandable.

The comment period begins August 6, 2018, and ends on September 5, 2018.

Comments may be submitted online to the Virginia Regulatory Town Hall at http://www.townhall.virginia.gov/L/Forums.cfm. Comments may also be sent to:

Elaine J. Yeatts
Senior Policy Analyst
Department of Health Professions
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Public Comment Period
Begin Date: 8/6/2018 End Date: 9/5/2018

Comments Received: 2

Review Result
Pending

Attorney General Certification
Pending

INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS
VIRGINIA

August 13, 2018

Board of Health Professionals
c/o Ms. Elaine J. Yeatts
9960 Mayland Drive, Suite 300
Richmond, VA 23233

Dear Board of Health Professionals,

Please allow us to introduce ourselves. We represent the interests of the International Association of Rehabilitation Professionals (IARP) Virginia Chapter and the IARP VA Legislative Special Committee. We are seasoned professionals who have served Citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. We would like to show our support for the Regulations Governing The Certification of Rehabilitation Providers (CRP) 18 VAC 115-40-10 et seq. in the interest of public safety. We are made up of professionals that were active at the inception of the regulations in the early 1990's and professionals appointed in recent years to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the Citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligibile by virtue of education and experience to test for such designations. These national certification designations also have a Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the *Code of Virginia.* They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their

rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Phyllis Carmichael
Phyllis Carmichael RN, MSN
IARP VA President

Linda F. Augins
Linda Augins, MA, CRP, CCM, CDMS, CRC
IARP VA Past President

Barbara K Byers
Barbara Byers, MA, CRC, CVE, CCM, LPC
IARP VA President Elect
Legislative Special Committee Member

Patricia S. Eby
Patricia S. Eby, MS, RN, CNS, CRC, CDMS
IARP VA Secretary
Former Committee Member Appointed by The Honorable Commissioner Roger Williams

George Moore
George Moore, MA, CRC, LPC
IARP Treasurer
Legislative Special Committee Member

Adolfo Arsuaga
Adolfo Arsuaga, MS, CRC
Northern Virginia Representative to IARP VA

Robin T. Allen
Robin T. Allen, BS, CDMS, CRP
Richmond Virginia Representative to IARP VA

Dawn Bell
Dawn Bell, MRC, CRC, CRP
Southwest Virginia Representative to IARP VA

Gretta Waugh
Gretta Waugh, MS, CRP, CRC
Tidewater Regional Representative to IARP VA

Lori A. Cowan
Lori A. Cowan, MS, LPC, LMFT, CRC, CLCP, ABDA
IARP VA Legislative Chairperson
Former Chairperson of Committee Appointed by The Honorable Commissioner Roger Williams

Eleanor Fukushima
Eleanor Fukushima M. Ed, CRC
Legislative Special Committee Member
Former Committee Member Appointed by The Honorable Commissioner Roger Williams

Patricia H. Bulifant
Patricia H. Bulifant, RN, CRRN, CCM, CLCP, CRP
Legislative Special Committee Member
Former Committee Member Appointed by The Honorable Commissioner Larry Tarr

Cc: The Honorable Robert A. Rapaport, VWC

Eleanor Fukushima

Eleanor Fukushima M. Ed, CRC

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

Patricia H. Bulifant

Patricia H. Bulifant, RN, CRRN, CCM, CLCP, CRP

Legislative Special Committee Member

Former Committee Member Appointed by The Honorable Commissioner Larry Tarr

Cc: The Honorable Robert A. Rapaport, VWC

Commenter: International Association of Rehabilitation Professionals 9/5/18 2:40 pm

Support for VA 18 VAC 115-40-10

IARP—International Association of Rehabilitation Professionals

1000 Westgate Drive, Suite 252
St. Paul, MN 55114

Phone: 888-427-7722
Fax: 651-290-2266

www.rehabpro.org

August 13, 2018

Board of Health Professionals

C/o Ms. Elaine J. Yeatts

9960 Mayland Drive, Suite 300

Richmond, VA 23233

Dear Board of Health Professionals,

This is a letter of support for VA 18 VAC 115-40-10 et seq.; the Regulations Governing The Certification of Rehabilitation Providers (CRP) in the interest of public safety. The International Association of Rehabilitation Professionals (IARP) was founded more than 30 years ago to promote the betterment of people with disabilities and the professionals who serve them. IARP represents more than 2,400 rehabilitation professionals worldwide. Our VA chapter and sent a separate letter of support for the above regulations and the national/international association also wanted to support these regulatory changes to protect the citizens of the Commonwealth of VA.

Former Committee Member Appointed by The Honorable Commissioner Roger Williams

George Moore

George Moore, MA, CRC, LPC

IARP Treasurer

Legislative Special Committee Member

Adolfo Arsuaga

Adolfo Arsuaga, MS, CRC

Northern Virginia Representative to IARP VA

Robin T. Allen

Robin T. Allen, BS, CDMS, CRP

Richmond Virginia Representative to IARP VA

Dawn Bell

Dawn Bell, MRC,CRC,CRP

Southwest Virginia Representative to IARP VA

Gretta Waugh

Gretta Waugh, MS, CRP, CRC

Tidewater Regional Representative to IARP VA

Lori A. Cowan

Lori A. Cowan, MS, LPC, LMFT, CRC, CLCP, ABDA

IARP VA Legislative Chairperson

Former Chairperson of Committee Appointed by The Honorable Commissioner Roger Williams

Our VA section members are seasoned rehabilitation professionals who have served the VA citizens with disabilities for decades practicing in small, mid-size and large companies across the Commonwealth. IARP VA was active at the development of the WC regulations in the early 1990's and several of our members were been appointed to revise the Vocational Rehabilitation Guidelines of the Virginia Workers' Compensation Commission (VWC) effective in October 2015.

The regulations were originally conceived in the early 1990's following a Joint Legislative Audit & Review Commission study ordered by Lieutenant Governor Don Beyer concerning the Virginia Workers' Compensation Commission. At that time the citizens of the Commonwealth were endangered by rehabilitation professionals practicing without the appropriate skill set and/or experience. The Regulations Governing the CRP set forth Standards of Practice in 18 VAC 115-40-40. The Standards of Practice were drafted with the primary purpose of promoting the safety and welfare of the Citizens of the Commonwealth of VA. Furthermore, the regulations establish education and supervision expectations that require rehabilitation professionals to hold nationally recognized designations in the field of rehabilitation or be eligible by virtue of education and experience to test for such designations. These national certification designations also have a Code of Ethics which expand on the protections offered by the Standards of Practice outlined in the regulations.

The regulations are also concurrent with the statutory guidelines outlined in §§ 54.1-2400 and Chapter 35 of Title 54.1 of the Code of Virginia. They ensure that the Citizens of the Commonwealth receive assistance from experienced professionals to advocate for their rehabilitation needs. The Citizens requiring these services are already vulnerable by virtue of their impairments and without skillful assistance would be at risk to be further disenfranchised by the rehabilitation process.

Thank you for your careful consideration of our comments and concerns. We believe our Citizens deserve the best possible opportunity to overcome the challenges of disability.

Respectfully,

Amy Vercillo ScD, LRC (MA), CRC, CDMS
National Legislative Chair, IARP