



Call to Order – Herbert Stewart, Ph.D., LCP, Chair

- Welcome and Introductions
- Emergency Evacuation InstructionsPage 2
- Adoption of Agenda

Public Comment

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

Approval of Minutes

- Board Meeting – February 6, 2018Page 3
- Regulatory Committee - October 30, 2017Page 8
- Regulatory Committee - February 5, 2018Page 11

Reports of Officers and Staff

- Agency Director’s Report – David Brown, D.C.
- Board Counsel’s Report – James Rutkowski, Assistant Attorney General
- Chairperson Report – Herbert Stewart.....Page 13
- Executive Director’s Report – Jaime Hoyle, J.D.Page 86
- Deputy Executive Director’s Report – Jennifer LangPage 94
- Licensing Manager’s Report – Deborah HarrisPage 96

Reports of Committees

- Board of Health Professions – Herbert Stewart
- Regulatory Committee Report – James WerthPage 97

Unfinished Business

- Consideration of PSYPACTPage 135
 - Discussion with Stakeholders

New Business – Elaine Yeatts, DHP Senior Policy Analyst

- Adoption of Proposed Regulations*
- Consideration of Legislation Regarding Board Seat*
- Legislative Wrap-upPage 186

Next Meeting – July 10, 2018

Adjournment

This information is in DRAFT form and is subject to change. The public body will approve the official agenda and packet at the meeting and, the official agenda will be available to the public pursuant to Virginia Code Section 2.2-3708(D).

*Requires vote of the Committee.

EVACUATION INSTRUCTIONS BOARD ROOM 4

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 4

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

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

**Virginia Board of Psychology
Quarterly Board Meeting
Draft Minutes
February 6, 2018**

The Virginia Board of Psychology (“Board”) meeting convened at 10:15 a.m. on Tuesday, February 6, 2018 in Board Room 4 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Richmond, Virginia. Dr. Herbert Stewart, Ph.D., Board Chair, called the meeting to order.

Board Members Present:

Herbert Stewart, Ph.D., Chair
James Werth, Ph.D., ABPP
Susan Brown Wallace, Ph.D.
Peter L. Sheras, Ph.D., ABPP
Rebecca Vauter, Ph.D., ABPP

Board Members Absent:

J.D. Ball, Ph.D. ABPP
Deja Lee, Citizen Member
Jennifer Little, Citizen Member

DHP Staff Present:

Jaime Hoyle, Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Jennifer Lang, Deputy Executive Director
Deborah Harris, Licensing Manager
Ms. Lisa Hahn, DHP Chief Deputy Director

Board Counsel:

Jim Rutkowski, Assistant Attorney General

Call to Order:

Dr. Stewart called the meeting to order and read the Emergency Egress procedures.

Adoption of Agenda:

The Board adopted the agenda with the change that Elaine Yeatts, not Charles Giles, will present the Fee Reduction information.

Approval of Minutes

The minutes of the October 31, 2017 meeting were approved as presented.

Public Comment

Jennifer Morgan of the Virginia Academy of Clinical Psychologists (VACP) reminded the Board that the Conversation Hour with the Board would again take place at the VACP's Spring Conference in Roanoke at the Hotel Roanoke in April. This year the conversation hour will be three hours. She encouraged all the Board and staff to sign up to participate at the upcoming meeting. Alex Siegel will be presenting Psychology Interjurisdictional Compact (PSYPACT) information.

Lawrence Sutton from the Virginia Association of School Psychologists (VASP) thanked the Board for working on the Joint Guidance Document on Assessment Titles and Signatures.

Director's Report

Lisa Hahn discussed some of the changes in the administration that will affect DHP and the Board.

Legislative & Regulatory Update

Elaine Yeatts provided further information on the bills DHP is following during the current General Assembly session. They are as follows:

- House Bill (HB) 226: Patients medically or ethically inappropriate care not required.
- HB 363: Sexual orientation change efforts; prohibited as training for certain health care providers
- HB 456: Health professions, Dept. of suspension of license, nonpayment of student loans.
- HB 614: Social work: practice
- HB 697: Professional Counselors; requirements for licensure; supervision.
- HB 842: Controlled paraphernalia; possession or distribution, hypodermic needles and syringes, naloxone.
- HB 880: Professional and occupational regulatory analyst; establishes position within DLS
- HB 1071: Health regulatory boards; electronic notice of license renewal
- HB 1114: Professional and occupational regulation; authority to suspend or revoke licenses, certificates
- HB 1383: Marriage and family therapy; clarifies definition, adds appraisal.
- HB 1510: Professions and occupations; recognizing licenses/certificates issued by Commonwealth of Puerto Rico
- SB 245: Conversion therapy; prohibited by certain health care providers.
- SB 258: Subpoenas; issuance by Director of DHP or his designee.
- SB 417: Community health worker; VDH to approve one or more entities to certify workers in the Commonwealth
- SB 497: Marijuana; possession or distribution for medical purposes
- SB 762: BHDS, Board of; definition of "licensed mental health professional".
- SB 795: Cannabidiol oil and THC-A oil; certification for use, dispensing.

Chairperson's Report:

Dr. Herb Stewart presented a video on Conversion Therapy and the Board discussed SB 245. Upon a motion by Dr. Stewart, that was properly seconded, the Board voted to request an Interdisciplinary Workgroup on Conversion Therapy, in collaboration with Delegate Hope, be convened to create regulations to address Conversion Therapy.

Fee Reduction – Ms. Yeatts stated that staff recommends the Board adopt the renewal fee reduction identical to the renewal fee reduction adopted in 2016. Dr. Sheras made a motion, which was properly seconded, to adopt the recommended fee reduction. The motion passed unanimously.

Board Counsel Report

Mr. Rutkowski had no report.

Discipline Report:

Jennifer Lang reported the following information for current cases:

Psychology Discipline Report 10-6-17 through 1-11-18

Cases Rec'd	Open Investigations	Consent Orders Entered	Probable Cause reviews	Scheduled for Formal Hearing
21	25	2	11	1

Cases in APD for processing	Upcoming Hearings	Cases Closed 20	Average Case Processing 176 days
7	IFC's 2-27-18 6-5-18 7-24-18 FH 5-8-18	No violation 18 Undetermined 1 Violation 1	Enforcement 71.3 days APD 50 days Board 102 days

Board Office Update

Deborah Harris reported information on Psychology licensing activity

Clinical Psychologist by examination	37
Clinical Psychologist by endorsement	14
Clinical Psychologist Reinstatements	5
School Psychologist Limited	19
School Psychologist Limited Reinstatements	2
Sex Offender Treatment Provider	9
Sex Offender Treatment Provider Reinstatements	1
Resident in Training	27
Total Issued from 10-17-17 through 1-22-18	114

Virginia Current Active	4199
Virginia Current Inactive	56
Out of State Current Active	1135
Out of State Current Inactive	98

Probation – Current Active	5
Total as of 1-22-2018	5493

Committee Reports

Regulatory Report

Dr. Werth stated there was no quorum for the Regulatory Committee meeting so they had a workgroup discussion. The attendees made suggestions for changes to the Regulations pursuant to the periodic review of the Regulations currently underway. The public comment period for the Notice of Intended Regulatory Action (NOIRA) ended on January 10, 2018. The Board has 180 days to consider the public comment and adopt proposed regulations. Dr. Werth stated that the only public comment received in response to the NOIRA was from Capella University, who made two recommendations for the Board to consider as an alternative to requiring graduation from an American Psychological Association (APA) or Canadian Psychological Association (CPA) doctoral program. The first recommendation was to allow the Board to evaluate individual programs. The second recommendation was to allow a grandfather period to protect current Virginia students.

Unfinished Business

Dr. Werth stated that Ms. Hoyle would update the Board on Joint Assessment Guidance Document and PSYPACT. He also indicated the Board would address the Telepsychology guidance document after the periodic review of the Regulations is complete.

Executive Director’s Report

PSYPACT

Jaime Hoyle reported that the Board sent a letter to the stakeholders indicating that the Board is contemplating moving forward with PSYPACT and would like the stakeholders to review PSYPACT and then meet with the Board in the spring to discuss further. It is the hope that any meeting would occur on the same date as the Board’s Regulatory Committee or Board meeting on May 7 or eighth. At the VACP’s Conversation with the Board Hour at the Spring Conference in April at the Hotel Roanoke, Alex Siegel from ASPPB will present on PSYPACT.

JOINT ASSESSMENT GUIDANCE DOCUMENT

Ms. Hoyle read a letter from the Board of Social Work regarding the Joint Guidance Document on Title Assessments and Signatures. The Board of Social Work declined to adopt a joint guidance document. The Board of Counseling will review the proposal at the next Board meeting.

BOARD SEATS

Ms. Hoyle stated there still is no news on filling an Applied Psychologist Board member seat. She stated that the Board member who has not been attending likely would resign this week.

Ms. Hoyle stated that the ASPPB appointed her to two committees this year: The Mid-year Meeting Committee and the Committee on Model Laws. The ASPPB will hold its Spring Conference in Savannah, Georgia on April 12-15.

Adjourn:

The meeting adjourned at 4:00p.m.

Jaime Hoyle, Executive Director

Herb Stewart, Ph.D., Chair of the Board

**VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY COMMITTEE
MEETING MINUTES
October 30, 2017**

TIME AND PLACE: The Regulatory Committee of the Virginia Board of Psychology (“Board”) convened for a meeting on Monday, October 30, 2017, at the Department of Health Professions (DHP), 9960 Mayland Drive, 2nd Floor, Board Room 1, Henrico, Virginia 23233.

PRESIDING OFFICER: James Werth, Ph.D., ABPP, Regulatory Committee Chair

MEMBERS PRESENT: J.D. Ball, Ph.D., ABPP
Herbert Stewart, Ph.D.
Susan Brown Wallace, Ph.D.
Jennifer Little, Citizen Member

MEMBERS ABSENT: None

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Deborah Harris, Licensing Manager

OTHERS PRESENT: Jennifer Grogan

CALL TO ORDER: Dr. Werth, Chair, called the meeting to order at 10:03 a.m. and read the emergency evacuation instructions.

Board members and staff introduced themselves. With all members of the Committee present, a quorum was established.

ADOPTION OF AGENDA: The agenda was accepted with the change to the placement of J. Grogan’s letter for discussion.

PUBLIC COMMENT: No public comment was presented.

APPROVAL OF MINUTES: A motion was made by Ms. Little to approve the minutes from the May 15, 2017 committee meeting. The motion was seconded and carried.

A motion was made by Dr. Ball to approve the minutes from the August 14, 2017 committee meeting. The motion was seconded and carried.

NEW BUSINESS:

The Committee discussed the letter Dr. Werth received from Ms. Grogan requesting clarification of two topics discussed at the August 15, 2017 Board meeting:

- the statement regarding accreditation for doctoral programs that may exclude other “equivalent accreditors” and,
- the proposed change to the legislative regulation on Continuing Education that would require two hours of continuing education to be in a specific subject area.

UNFINISHED BUSINESS:

Notice of Intended Regulatory Action

Ms. Yeatts reported that the NOIRA was at the Governors’ office awaiting his approval.

Joint Guidance Document on Assessment Titles and Signatures

Ms. Hoyle stated that she presented the Board’s Draft of the Joint Guidance Document on Assessment Titles and Signatures to the Social Work Regulatory Committee, and they expressed questions and concerns about the document. They will report to the full Board of Social Work in February. She added that she will present the document to the Regulatory Committee of the Board of Counseling at their meeting this upcoming Thursday, November 2, 2017.

PSYPACT

Ms. Hoyle requested more guidance on the next step for the PSYPACT. The Committee asked that Ms. Hoyle write a letter to the Board’s stakeholders, which include the Virginia Academy of Clinical Psychologists, The Virginia Academy of School Psychologists, and the Virginia Academy of Applied and Academic Psychologists. The letter should indicate that the Board is looking at PSYPACT and would like stakeholders to review PSYPACT in anticipation of an April meeting with members of the Board, to discuss their opinions and determine whether there is support to move forward.

Telepsychology Guidance document

The Committee discussed the components of what should be regulated when providing services electronically. Dr. Werth researched many other jurisdictions, compiled information into a table, and drafted a document for review. This information was discussed during the meeting. Dr. Werth requested the Committee members send him additional information regarding this topic to discuss further during a Spring meeting.

ADJOURNMENT:

With all business concluded, the meeting was adjourned at 3:46 p.m.

James Werth, Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

**VIRGINIA BOARD OF PSYCHOLOGY
REGULATORY WORKGROUP
DRAFT MEETING MINUTES
February 5, 2018**

TIME AND PLACE: The Regulatory Committee of the Virginia Board of Psychology (“Board”) did not convene for a meeting on Monday, February 5, 2018, at the Department of Health Professions (DHP), 9960 Mayland Drive, 2nd Floor, Board Room 4, Henrico, Virginia 23233. There were not enough members present to establish a quorum.

Therefore, this meeting turned into a Regulatory Workgroup meeting.

PRESIDING OFFICER: James Werth, Ph.D., ABPP, Regulatory Committee Chair

MEMBERS PRESENT: J.D. Ball, Ph.D., ABPP via phone (not counted towards quorum)
Herbert Stewart, Ph.D., Board Chair

MEMBERS ABSENT: Susan Brown Wallace
Jen Little

STAFF PRESENT: Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director
Elaine Yeatts, DHP Senior Policy Analyst
Deborah Harris, Licensing Manager

OTHERS PRESENT: Lawrence Sutton, Virginia Association of School Psychologists (VASP);
Williams Mullins Law Group representative

CALL TO ORDER: Dr. Werth, Chair, called the meeting to order at 1:15 p.m. and read the emergency evacuation instructions.

Board members and staff introduced themselves.

UNFINISHED BUSINESS: **Joint Guidance Document on Assessment Titles and Signatures**
Ms. Hoyle stated that she presented the Board’s Draft of the Joint Guidance Document on Assessment Titles and Signatures to the Social Work Regulatory Committee, and they decided to opt out of adopting the Joint Guidance document. She added that she would present the document to the Regulatory Committee of the Board of Counseling at their meeting on Thursday, February 8, 2018.

Psychology Interjurisdictional Compact (PSYPACT)

Ms. Hoyle wrote a letter to the Board's stakeholders, which include the Virginia Academy of Clinical Psychologists, The Virginia Academy of School Psychologists, and the Virginia Academy of Applied and Academic Psychologists. The letter indicated that the Board is looking at PSYPACT and would like stakeholders to review PSYPACT and meet with the Board in the spring. Ms. Hoyle stated that she hoped to schedule the stakeholder meeting on the same date as the Board's regulatory committee meeting on May 7, 2018. Alex Siegel from the Association of State and Provincial Psychology Boards will present on PSYPACT at the VACP Spring Conference in Roanoke.

Telepsychology Guidance document

The Committee will discuss the Telepsychology Guidance document at future meetings, after the Committee completes the periodic review.

Notice of Intent Regulatory Action

The group made suggestions for recommendations to the periodic review.

ADJOURNMENT:

The meeting adjourned at 4:30 p.m.

James Werth, Ph.D., ABPP, Chair

Date

Jaime Hoyle, J.D., Executive Director

Date

The APA and Torture

Beth Arredondo, PhD

Herb Stewart, PhD

Western State Hospital Psychology CE

8/12/15

Disclaimer (H. Stewart)

- My personal views only, not those of the Board. Standard disclaimers apply.*
- Some people I've known
- Use “hypothetically...”

****Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Virginia Behavioral Sciences Boards (Boards of Counseling, Psychology, and Social Work). Board staff cannot and do not provide legal advice. Board staff provide assistance to the public by providing reference to the statutes and regulations; however, any such assistance provided by staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable laws and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations, including the interpretation and application of the laws and regulations governing the Behavioral Sciences Boards. Under no circumstances shall the three Behavioral Sciences Boards, its members, officers, agents, or employees be liable for any actions taken or omissions made in reliance on any information contained in this e-mail.*****

Background

Panel Faults C.I.A. Over Brutality and Deceit in Terrorism Interrogations

By MARK MAZZETTI DEC. 9, 2014

Email

Share

Tweet

Save

More

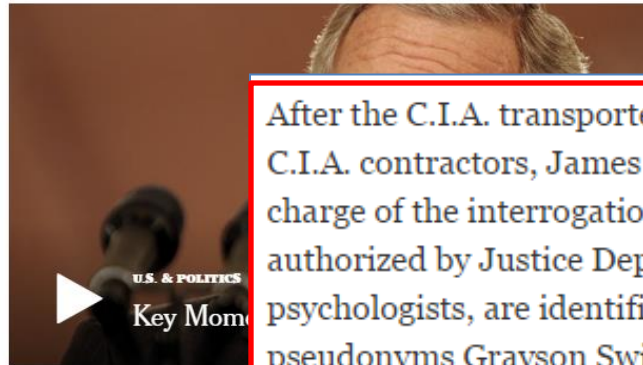
mistress
america
august 14

WASHINGTON — The Senate Intelligence Committee on Tuesday issued a sweeping indictment of the [Central Intelligence Agency's](#) program to detain and interrogate terrorism suspects in the years after the Sept. 11 attacks, drawing on millions of internal C.I.A. documents to illuminate practices that it said were more brutal — and far less effective — than the agency acknowledged either to Bush administration officials or to the public.

The [long-delayed report](#) delivers a withering judgment on one of the most controversial tactics of a twilight war waged over a dozen years. The Senate committee's investigation, born of what its chairwoman, Senator [Dianne Feinstein](#) of California, said was a need to [reckon](#) with the excesses of this war, found that C.I.A. officials routinely misled the White House and Congress about the information it obtained, and failed to provide basic oversight of the secret prisons it established around the world.

In exhaustive detail, the report gives a macabre accounting of some of the grisliest techniques that the C.I.A. used to torture and imprison terrorism suspects. Detainees were deprived of sleep for as long as a week, and were sometimes told that they would be killed while in American custody. With the approval of the C.I.A.'s medical staff, some prisoners were subjected to medically unnecessary "rectal feeding" or "rectal hydration" — a technique that the C.I.A.'s chief of interrogations described as a way to exert "total control over the detainee." C.I.A. medical staff members described the waterboarding of [Khalid Shaikh Mohammed](#), the chief planner of the Sept. 11 attacks, as a "series of near drownings."

The report also suggests that more prisoners were subjected to waterboarding than the three the



The release of the Senate Intelligence Committee report marks a new chapter to the national conversation about the agency. Adam Freeland, Quynhan Do and More on the report. Watch in Times Video »

After the C.I.A. transported Abu Zubaydah to Thailand in 2002, two C.I.A. contractors, James E. Mitchell and Bruce Jessen, were in charge of the interrogation sessions, using methods that had been authorized by Justice Department lawyers. The two contractors, both psychologists, are identified in the Senate report under the pseudonyms Grayson Swigert and Hammond Dunbar.

The program expanded, with dozens of detainees taken to secret prisons in Poland, Romania, Lithuania and other countries. In September 2006, Mr. Bush ordered all of the detainees in C.I.A. custody to be transferred to the prison at Guantánamo Bay, Cuba, and after that the C.I.A. held a small number of detainees in secret at a different facility for several months at a time, before they were also moved to Guantánamo Bay.

Taken in its entirety, [the report is a portrait of a spy agency that was wholly unprepared for its new mission as jailers and interrogators](#), but that embraced its assignment with vigor. The report chronicles millions of dollars in secret payments between 2002 and 2004 from the C.I.A. to foreign officials, aimed at getting other governments to agree to host secret prisons.

video clip - NYT– summary of torture debate – 4 min.

<http://www.nytimes.com/2014/12/10/world/senate-intelligence-committee-cia-torture-report.html? r=1>

Terminology and Euphemism Continuum

- “Enhanced interrogation techniques” (“EIT’s”)
- “harsh/brutal interrogation techniques”
- “torture-lite”
- “torture”



The Water Torture—Facsimile of a woodcut in J. Damhoudère's *Praxis Rerum Criminalium*, Antwerp, 1556.



Soldiers in Vietnam use the waterboarding technique on an uncooperative enemy suspect near Da Nang in 1968 to try to obtain information from him. (United Press International)

<https://en.wikipedia.org/wiki/Waterboarding>

Waterboarding



From Wikipedia, the free encyclopedia

Not to be confused with [Wakeboarding](#).

Waterboarding is a form of [water torture](#) in which water is poured over a cloth covering the face and breathing passages of an immobilized captive, causing the individual to experience the sensation of [drowning](#). Waterboarding can cause extreme pain, [dry drowning](#), damage to [lungs](#), [brain damage](#) from [oxygen deprivation](#), other physical injuries including [broken bones](#) due to struggling against restraints, lasting psychological damage, and death.^[1] Adverse physical consequences can manifest themselves months after the event, while psychological effects can last for years.^[2]

In the most common method of waterboarding, the captive's face is covered with cloth or some other thin material, and the subject is immobilized on his/her back at an incline of 10 to 20 degrees.^[3] Torturers pour water onto the face over the breathing passages, causing an almost immediate [gag reflex](#) and creating a drowning sensation for the captive.^{[4][5][6]} Vomitus travels up the esophagus, which may then be inhaled. Victims of waterboarding are at extreme risk of sudden death due to the [aspiration](#) of vomitus.

The term *water board torture* appeared in press reports as early as 1976.^[7] In late 2007, it was widely reported that the [United States Central Intelligence Agency](#) (CIA) was using waterboarding on [extrajudicial prisoners](#) and that the [Office of Legal Counsel](#), [Department of Justice](#), had authorized the procedure among [enhanced interrogation techniques](#).^{[8][9]} Senator [John McCain](#) noted that the [United States military](#) hanged Japanese soldiers for waterboarding American [prisoners of war](#) during [World War II](#).^[10] The CIA confirmed having used waterboarding on three [Al-Qaeda](#) suspects: [Abu Zubaydah](#), [Khalid Sheikh Mohammed](#), and [Abd al-Rahim al-Nashiri](#), in 2002 and 2003.^{[11][12]}

In August 2002 and March 2003, in its [war on terror](#), the [George W. Bush administration](#), through [Jay S. Bybee](#), the [Office of Legal Counsel](#), [Department of Justice](#), issued what became known as the [Torture Memos](#) after being leaked in 2004.^[13] These legal opinions (including the 2002 [Bybee memo](#)) argued for a narrow definition of torture under US law. The first three were addressed to the CIA, which took them as authority to use the described [enhanced interrogation techniques](#) (more generally classified as torture)^[*citation needed*] on detainees classified as [enemy combatants](#). Five days



Waterboard on display at the [Tuol Sleng Genocide Museum](#): prisoners' feet were shackled to the bar on the right, wrists restrained by shackles on the left. Water was poured over the face using the [watering can](#). The use of this type of waterboard is depicted in a painting by former Tuol Sleng prisoner [Vann Nath](#), shown in that article.

Cheney's claim that the U.S. did not prosecute Japanese soldiers for waterboarding

By Glenn Kessler December 16, 2014 [Follow @GlennKesslerWP](#)



(William B. Plowman/NBC News/Handout via Reuters)

Chuck Todd: "When you say waterboarding is not torture then why did we prosecute Japanese soldiers?"

Former vice president Richard B. Cheney: "Not for waterboarding.

They did an awful lot of other between waterboarding judg and what the Japanese did w thousands of Americans, witi



Drop by Drop: Forgetting the History of Water Torture in U.S. Courts

By: Evan Wallach

“Historical analysis demonstrates that U.S. courts have consistently held that artificial drowning interrogation is torture, which, by its nature, violates U.S. statutory prohibitions.”

[45 Colum. J. Transnat'l L. 468](#)

“...contrary to Cheney’s assertion, waterboarding was an important charge in a number of the lesser-profile [Japanese] cases. Moreover, waterboarding also resulted in at least one court martial during the Vietnam War. In other words, **such techniques in different circumstances have been the subject of U.S. military prosecutions in the past.** Thus the former vice president earns Three Pinocchios.” (Kessler, 2014)₂₀

U.S.

94 COMMENTS

A Singular Conviction Amid the Debate on Torture and Terrorism

APRIL 19, 2015



The story of the first and only CIA contractor to be convicted in a torture-related case after an interrogation. By RetroReport on April 19, 2015. Photo by U.S. District Court.

Watch in Times Video »

Video clip – NYT - Anatomy of an interrogation – 1st 5 min.

www.nytimes.com/2015/04/20/us/a-singular-conviction-amid-the-debate-on-torture-and-terrorism.html

- Tens of thousands of interrogations, high-level and low-level
- Some falsely accused
- Ethical role to be played in personnel selection to weed out psychopaths?

APA PENS Report 2005—Rescinded 2013

1. Psychologists do not engage in, direct, support, facilitate, or offer training in torture or other cruel, inhuman, or degrading treatment.
2. Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities.
3. Psychologists who serve in the role of supporting an interrogation do not use health care related information from an individual's medical record to the detriment of the individual's safety and well-being.
4. Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights.
5. Psychologists are aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous.
6. Psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles such as health care provider and consultant to an interrogation, and refrain from engaging in such multiple relationships.

APA PENS Report 2005—Rescinded 2013

7. Psychologists may serve in various national security-related roles, such as a consultant to an interrogation, in a manner that is consistent with the Ethics Code, and when doing so psychologists are mindful of factors unique to these roles and context that require special ethical consideration.
8. Psychologists who consult on interrogation techniques are mindful that the individual being interrogated may not have engaged in untoward behavior and may not have information of interest to the interrogator.
9. Psychologists make clear the limits of confidentiality.
10. Psychologists are aware of and do not act beyond their competencies, except in unusual circumstances, such as set forth in the Ethics Code.
11. Psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients.
12. Psychologists consult when they are facing difficult ethical dilemmas.

Media coverage, criticism

THE NEW YORKER

A REPORTER AT LARGE | JULY 11, 2005 ISSUE

THE EXPERIMENT

The military trains people to withstand interrogation. Are those methods being misused at Guantánamo?

BY JANE MAYER



On a steamy morning last month, as Congress was debating the treatment of the approximately five hundred terrorist suspects being held inside the United States-run military detention center in Guantánamo Bay, Cuba, a small delegation of American officials led a tour through one of the prison camp's empty cellblocks. The International Committee of the Red Cross has made inspections of the site, the results of which it keeps confidential, and a few dozen American lawyers have had limited visits with detainees. Yet most of the prisoners, who come from some forty countries, have been held virtually incommunicado, without legal charges, for three and a half years.

The cellblock, which had been fashioned from steel shipping crates, resembled a horse barn. Six-foot-by-eight-foot cells, with walls and doors of metal mesh, stood in two facing rows. The cells were protected by a low metal roof but were open to the tropical air. Each

2005

The reluctant enablers of torture

A Senate report shows that during the Bush administration's War on Terror, mental health professionals raised questions about harsh interrogations -- but helped design interrogation programs anyway.

SHERI FINK

Facebook Share 2 | Twitter 10 | Google+ 0 | Post | 0 | +

TOPICS: CIA, GEORGE W. BUSH, U.S. SENATE, TORTURE, ABU GHRAIB, GUANTANAMO, NEWS



2009

The recent Senate Armed Services Committee report on the treatment of detainees captured during the Bush administration's War on Terror revealed that several American military officers acted to stop harsh interrogations of prisoners. Likewise, the Senate report showed that psychologists versed in the military's Survival, Evasion, Resistance and Escape "SERE" program, which was meant to train American soldiers how to cope with torture if captured by the enemy, warned officials as early as 2002 that reverse-engineering SERE techniques for use on detainees could be ineffective and dangerous. What has been little noticed in the report is that the same psychologists helped develop the very interrogation policies and practices they warned against.


FRONTLINE

2014

FRONTLINE

Secrets, Politics and Torture

+ ADD

Aired: 05/19/2015 | 54:30 | Rating: NR | 

FRONTLINE filmmaker Michael Kirk tells the dramatic story of the fight over the CIA's controversial interrogation methods, widely criticized as torture. Based on recently declassified documents and interviews with key political leaders and CIA insiders, the film investigates what the CIA did -- and whether it worked.

Problems Playing Video ?

[Report a problem](#) | [Closed Captioning](#)

Funding for FRONTLINE is provided through the support of PBS viewers and by the Corporation for Public Broadcasting. Major funding for FRONTLINE is provided by the John D. and Catherine T. MacArthur Foundation. Additional support is provided by the Park Foundation, the Ford Foundation, the Wyncote Foundation, Jon and Jo Ann Hagler on behalf of the Jon L. Hagler Foundation, and by the FRONTLINE Journalism Fund.

<http://video.pbs.org/video/2365492758/>

Video clip – Frontline – Mitchell & Jessen – 9:00 – 20:00
(Mitchell @13:45) <http://video.pbs.org/video/2365492758>

Secrets, Politics and Torture



FRONTLINE > Criminal Justice >

Report: Medical Professionals Participated in Torture of Terror Suspects

November 4, 2013, 5:33 p

[E-MAIL THIS](#)

Medical professionals h failed to report abusive Columbia University's Ir Foundations.

The report, which was t that included doctors, la that medical profession guidelines that released

The Hippocratic manda rules, the DoD decided, requirement was that m "inhumanely," accordi

The report said that psychologists participated in interrogations at CIA black sites, helping to "identify vulnerabilities of detainees and collaborate with interrogators in exploiting them." Medical personnel in Iraq and Afghanistan were also involved in interrogations.

Military physicians and other health professionals participated in the "design, use and monitoring of waterboarding," the report said. Doctors and nurses helped to force-feed detainees on hunger strike, using restraint chairs and nasal feeding tubes. At Guantanamo Bay, medical records were shared with interrogators and used for intelligence gathering, leading many detainees to refuse medical treatment, the report found.

How the CIA Outsourced Torture

December 11, 2014, 2:58 pm ET by Tim Molloy

Follow @timamolloy 3,450 followers

E-MAIL THIS

Tweet 220

Recommend 1.5k

+1 13

19

PBS Dec 2014

Among the many revelations in the Senate Intelligence Committee's investigation into the use of torture by the CIA is this crucial detail: The CIA delegated much of its "enhanced interrogation" to others.

According to the report, the CIA paid out \$81 million to a company led by two military psychologists whose previous experience was at the U.S. Air Force Survival, Evasion, Resistance and Escape school. They are not named in the report, but they have been identified by *The New York Times* as Bruce Jessen and Jim Mitchell.

Neither had experience as an interrogator or with Al Qaeda, but they developed theories based on the concept of "learned helplessness," according to the report. "Learned helplessness" is a psychological phenomenon in which people under duress effectively abandon hope. The [original 1960s research](#) on it involved shocking dogs into a state of passivity and surrender.

The CIA also paid out \$1 million to indemnify their company against legal claims. Their contract ended in 2009.

Mitchell told [CBS News](#) that the report is "not balanced" and called it an attempt to "smear" the CIA. He said he could not confirm he was one of the psychologists described in the report. Jessen has previously said that a confidentiality agreement prevents him from discussing his work with the agency, but [in a 2007 statement](#) he and Mitchell said, "The advice we have provided, and the actions we have taken have been legal and ethical. We resolutely oppose torture."



Enhanced interrogation techniques

From Wikipedia, the free encyclopedia

Enhanced interrogation techniques is a euphemism for the U.S. government's program of systematic torture of

Development of techniques and training [edit]

The CIA interrogation strategies were based on work done by James Elmer Mitchell and Bruce Jessen in the Air Force's Survival Evasion Resistance Escape (SERE) program.^{[59][60][61][62][63][64]} The CIA contracted with the two psychologists to develop alternative, harsh interrogation techniques.^{[59][60][61][62][63]} However, neither of the two psychologists had any experience in conducting interrogations.^{[61][62][63][65]} Air Force Reserve Colonel Steve Kleinman stated that the CIA "chose two clinical psychologists who had no intelligence background whatsoever, who had never conducted an interrogation... to do something that had never been proven in the real world."^{[62][63][65]} Associates of Mitchell and Jessen were skeptical of their methods and believed they did not possess any data about the impact of SERE training on the human psyche.^[63] The CIA came to learn that Mitchell and Jessen's expertise in waterboarding was probably "misrepresented" and thus, there was no reason to believe it was medically safe or effective.^[61] Despite these shortcomings of experience and know-how, the two psychologists boasted of being paid \$1000 a day plus expenses, tax-free by the CIA for their work.^{[61][62][63]}



The SERE program, which Mitchell and Jessen would reverse engineer, was used to train pilots and other soldiers on how to resist techniques assumed to have been employed by the Chinese to extract false confessions from captured Americans during the Korean War.^{[60][63][66]} The program subjected trainees to torture techniques such as "waterboarding . . . sleep deprivation, isolation, exposure to extreme temperatures, enclosure in tiny spaces, bombardment with agonizing sounds at extremely damaging decibel levels, and religious and sexual humiliation."^[67] Under CIA supervision, Miller and Jessen adapted SERE into an offensive program designed to train CIA agents on how to use the harsh interrogation techniques to gather information from terrorist detainees.^{[59][60][63]} In fact, all of the tactics listed above would later be reported in the International Committee of the Red Cross Report on Fourteen High Value Detainees in CIA Custody as having been used on Abu Zubaydah.^{[68][69]}

Stephen Soldz, Steven Reisner and Brad Olson wrote an article describing how the techniques used mimic what was taught in the SERE-program: "the military's Survival, Evasion, Resistance, and Escape program that trains US Special Operations Forces, aviators and others at high risk of capture on the battlefield to evade capture and to resist 'breaking' under torture, particularly through giving false confessions or collaborating with their captors".^[70]

The psychologists relied heavily on experiments done by American psychologist Martin Seligman in the 1970s on learned

ETHICS ABANDONED

Medical Professionalism
and Detainee Abuse
in the War on Terror



Task Force Report

2013

TASK FORCE MEMBERS:

Scott A. Allen, MD, FACP
University of California, Riverside

George J. Annas, JD, MPH
Boston University

Karen Brudney, MD
Columbia University

Richard N. Gottfried, JD
New York State Assembly

Vincent Iacopino, MD, PhD
Physicians for Human Rights

Allen S. Keller, MD
New York University

Robert S. Lawrence, MD
Johns Hopkins University

Steven H. Miles, MD
University of Minnesota

Aryeh Neier
Open Society Foundations

Deborah Alejandra Popowski, JD
Harvard University

Steven Reisner, PhD
Coalition for an Ethical Psychology

Hernán Reyes, MD, FMH Ob/Gyn
International Committee of the Red Cross

David J. Rothman, PhD
Columbia University

Leonard S. Rubenstein, JD
Johns Hopkins University

Steven S. Sharfstein, MD, MPA
Sheppard Pratt Health Systems

Albert J. Shimkus, Jr.
U.S. Naval War College

Eric Stover
University of California, Berkeley

Gerald E. Thomson, MD
Columbia University

Frederick E. Turton, MD, MBA, MACP
Emory University

Brig. Gen. (Ret.) Stephen N. Xenakis, MD
United States Army

Executive Summary

THE 9/11 TERRORIST ATTACKS on the United States resulted in U.S. government-approved harsh treatment and torture of detainees suspected of having information about terrorism.¹ Military and intelligence-agency physicians and other health professionals, particularly psychologists, became involved in the design and administration of that harsh treatment and torture—in clear conflict with established international and national professional principles and laws.²

The role of professional medical and psychological associations in promoting ethical standards

The involvement of military and intelligence-agency physicians and other health professionals in the abusive interrogation and mistreatment of detainees has conflicted with professional ethical principles and standards of conduct that were in place prior to 9/11. Remediation will require acceptance of existing professional ethical standards by the military and the adoption of additional ethical standards by associations that specifically address all aspects of health professional involvement in detention center practices. American physicians and psychologists, through their professional associations, must call for and participate in the remediation.

In the United States, ethical principles for medical practice are produced by the two largest medical associations, the American Medical Association and the American College of Physicians. Other U.S. medical associations, totaling more than 100, adopt those principles or modify them for particular subspecialties. Many of the principles originate from and are in accord with those developed by the World Medical Association, whose members are national medical associations like the American Medical Association. Before 9/11, the World Medical Association, as well as the American Medical Association and American College of Physicians, had well-established ethical principles regarding torture: The World Medical Association set forth principles in 1975 indicating that physicians should not participate in, be present during, monitor, or provide medical information to facilitate torture. The American Medical Association's 1999 ethical principles had similar prohibitions, as did the American College of Physicians' 1995 policy statement.

When the involvement of physicians and health professionals in interrogation and mistreatment of detainees became known, the American Medical Association and American College of Physicians, along with the American Psychiatric Association, responded with protests and refinement of their ethical principles. Between 2006 and 2008, they specifically prohibited direct medical involvement in interrogations and the provision of detainee medical information to interrogators, and imposed duties to report mistreatment.

The American Psychological Association, however, adopted in 2005 the conclusions of its Presidential Task Force on Psychological Ethics and National Security, which reaffirmed the association's prohibition against torture and cruel, inhuman, or degrading treatment, but also stated that psychologists serving in "consultative roles to interrogation and information-gathering processes for national security-related purposes" were engaged in actions consistent with its ethics code. This position was met with severe criticism both within and outside the organization. In 2007, the association identified interrogation methods it considered to be torture, and in 2008, the membership pushed for and passed a referendum affirming that psychologists may not work where persons are held in violation of international law or the U.S. Constitution unless they work for the detainee or for the protection of human rights. Still, the association policy permits psychologists to participate directly in interrogation. The Task Force believes the association should change that stance in keeping with the standards of medical associations that prohibit direct participation in interrogation.

Finding 1. Information gleaned from official documents and witnesses, investigations conducted by journalists and human rights organizations, and publicly available physical and mental examinations of current prisoners and released prisoners has revealed the systematic use of torture and cruel, inhuman, or degrading treatment against terrorist suspects detained by U.S. authorities outside the United States. Military and intelligence physicians and psychologists participated in these abuses. The record of these practices remains fragmentary, however, and a full and transparent investigation is needed to reveal all that occurred.

Recommendation: The president of the United States should order a comprehensive investigation of U.S. practices in connection with the detention of suspected terrorists following 9/11 and report the results to Congress and the American people. The investigation should include inquiry into the circumstances, roles, and conduct of health professionals in designing, participating in, and enabling torture or cruel, inhuman, or degrading treatment of detainees in interrogation and confinement settings and why there were few if any known reports by health professionals. In addition, the Senate Intelligence Committee should release its report on the role of the CIA in torture after redactions needed to protect legitimate secrets.

Recommendation: The DoD and CIA should ensure that health professionals in detention centers adhere to the ethical principles of their professions.

- *The DoD and CIA should adopt standards of conduct for health professionals involved in detainee interaction that conform to those standards of conduct established by the health professions. These standards include the basic duties of all professionals who employ their professional skills, regardless of role, to avoid harm, to uphold transparency and honesty, to protect confidentiality, and to respect detainee autonomy in responding to hunger strikes. The agencies should affirm the duties of health professionals to report coercive and abusive practices to authorities; refrain from conducting, being present during, monitoring, or otherwise participating in interrogations, including developing or evaluating individual interrogation strategies; and refrain from providing medical information to interrogators or advising on conditions of confinement that advance interrogation.*
- *The DoD should no longer classify military health professionals who use their professional skills in their job as combatants. It should rescind all guidelines, instructions, and other policies that explicitly or implicitly state the contrary.*

Recommendation: Professional medical associations and the American Psychological Association should strengthen their ethical standards regarding interrogation and detention of detainees and take proactive steps to foster compliance with those standards.

The American Medical Association, American College of Physicians, and the American Psychological Association should:

- *develop, distribute, and promote further refinements in ethical principles regarding interaction with prisoners and detainees, including roles in interrogation, conditions of confinement, abuse reporting, confidentiality of detainee medical records, and treatment of detainees including hunger strikers;*
- *reaffirm adherence to professional ethical standards in military detention settings by issuing policy and position statements, speaking out, and providing professional and public education programs;*
- *conduct fact-finding investigations regarding the involvement of physicians and psychologists in incidents of torture and other forms of cruel, inhuman, or degrading treatment of detainees in military detention settings;*
- *take disciplinary action against members who have violated standards of professional conduct;*
- *support state legislation to strengthen the authority of licensing boards to discipline health professionals who engage in torture.*

The American Psychological Association should repudiate the report of its Presidential Task Force on Psychological Ethics and National Security that condones the participation of psychologists in interrogation and adopt ethical standards regarding participation in interrogation that follow the standards adopted by medical associations.

Accountability for health professionals through state licensing

Military and intelligence health professionals who are involved in torture or cruel, inhuman, or degrading treatment of detainees should be accountable to the same fitness-to-practice, civilian disciplinary system as all other health professionals. That system includes sanctions related to professional licensure, a process that is under the authority of individual states and exercised through state boards of professional conduct. Ideally, such state proceedings should be part of a system of accountability involving the military or other employing federal agency, state licensing agencies, professional medical associations, and specialty certifying boards.

The military and the CIA should establish policies and procedures in accord with professional medical ethical standards and assess the performance of health professionals using those policies. Violations and judgments against military and intelligence health professionals should result in reviews by civilian-based processes, since military and intelligence physicians and psychologists are, nonetheless, U.S. physicians and psychologists, regardless of the setting in which they render their services.

As of the publication of this report, state licensing and disciplinary boards in Alabama, California, Georgia, Louisiana, New York, Ohio, and Texas have

received—and dismissed—complaints against health professionals for alleged mistreatment of detainees at Guantánamo and secret CIA detention centers. To the knowledge of the Task Force, none of these complaints has led to a formal hearing that then led to a decision holding the individual to account. Many of the complaints were dismissed on procedural grounds. The boards rarely explained the bases for these decisions, but together they suggest an unwillingness of state licensing bodies to address complaints of misconduct within national security agencies or a belief by the boards that they are unable to pursue them. They also reveal procedural and substantive deficiencies in the way state boards approach discipline of health professionals alleged to have been complicit in torture or other forms of cruel, inhuman, or degrading treatment. These practices and procedures contribute to a lack of disciplinary accountability for unethical acts of severe harm on detainees.

States' non-enforcement of ethical obligations comes at a great cost, undermining professional standards, eroding public trust, and undercutting deterrence of future misconduct. Lack of consistent enforcement also compromises the protection of health professionals who face DoD and CIA pressure to violate their ethical obligations. By contrast, disciplinary accountability signals to licensees and those who employ them that the profession and institutions designed to ensure adherence to ethical obligations take violations seriously.

Moreover, it empowers health professionals to resist demands by authorities to engage in acts that violate their professional responsibilities and to report abuse when they believe it has occurred.

The Task Force proposes reforms in state policies that would specifically identify health professional abuse of detainees as misconduct under the law and improve the procedures necessary to effectively prosecute that misconduct.

Finding 7. Licensure by a state agency or board is a condition of employment for military physicians and psychologists, and should be a requirement for intelligence agency physicians and psychologists as well. State agencies retain the authority and responsibility to discipline licensed health professionals who have engaged in professional misconduct, which under the laws governing professional conduct applies to abuse of detainees. Licensing and disciplinary boards have dismissed all cases brought against health professionals for involvement in detainee abuse, most on procedural grounds or by substantive decisions inconsistent with the obligations of health professionals as required by law.

Recommendation: Through legislation and other appropriate mechanisms, states should make explicit that supporting interrogation and participating in torture or cruel, inhuman, or degrading treatment are forms of sanctionable misconduct by licensed health professionals. State licensing boards, as appropriate under state law, should establish adequate procedures for fair investigation and adjudication of complaints about abuse of prisoners and detainees. Congress should support the ability of states to discipline members of U.S. military and intelligence agencies who engage in prisoner abuse.

State law should provide the following:

- *Professional misconduct includes (a) participation or complicity in torture and other forms of cruel, inhuman, or degrading treatment of a prisoner; (b) violations of professional norms in connection with interrogation, including any form of participation in, or sharing of medical information regarding, an interrogation; and (c) use of professional expertise to advise on a prisoner's conditions of confinement in a manner that impairs the well-being of the prisoner.*
- *Health professionals have a duty to report incidents of suspected torture or abuse of prisoners to the appropriate authorities and failure to do so constitutes misconduct. Individuals who provide good-faith reports of torture or abuse to state disciplinary boards will be protected from reprisals.*
- *Disciplinary boards have jurisdiction to investigate and prosecute licensees for misconduct regardless of the location, timing, or circumstances of the misconduct. Disciplinary boards must (a) investigate non-frivolous complaints of prisoner abuse, (b) prima facie charge the licensee when it finds probable cause of a violation, (c) articulate specific reasons for dismissal of a complaint*

alleging prisoner abuse and inform the complainant of the nature and scope of its investigation, and (d) formally prosecute complaints of prisoner abuse in hearings that afford the complainant opportunity to testify and call witnesses. Disciplinary boards have the authority to subpoena evidence and compel witnesses in cases involving prisoner abuse.

- *Judicial review of a disciplinary board decision to dismiss a complaint involving prisoner abuse is available to a complainant.*
- *Misconduct complaints based on prisoner abuse cannot be time-barred.*

The DoD and CIA should cooperate with state licensing and disciplinary boards in cases where detainee abuse is alleged. Congress should support the state disciplinary process in cases involving abuse of detainees by mandating cooperation by the DoD and CIA as well as providing financial resources to and sharing relevant evidence with state disciplinary and licensing boards.

Nov. 2014

PAY ANY PRICE

*GREED, POWER,
AND ENDLESS WAR*

JAMES RISEN

Author of *STATE OF WAR*

APA response: "...his conclusions about APA are largely based on **innuendo and one-sided reporting**. If Risen had interviewed an APA staff person, he would have learned that the association has taken **numerous steps** in the last decade to reiterate our strict prohibition against torture, ensure that all psychologists and federal officials were aware of the policy, and address any misconceptions about our position. APA's longstanding efforts to safeguard against the use of torture are documented in this [timeline](#).

Timeline of APA Policies & Actions Related to Detainee Welfare and Professional Ethics in the Context of Interrogation and National Security

The American Psychological Association's (APA) position on torture is clear and unequivocal: Any direct or indirect participation in any act of torture or other forms of cruel, degrading or inhuman treatment or punishment by psychologists is strictly prohibited. There are no exceptions. Such acts as waterboarding, sexual humiliation, stress positions and exploitation of phobias are clear violations of APA's no torture/no abuse policy.

Aug. 7, 2015

- [APA Council of Representatives votes 157-1 to prohibit psychologists from participating in national security interrogations.](#)
- [Press Release: APA's Council Bans Psychologist Participation in National Security Interrogations](#)
- [Council of Representatives Resolution 23B \(PDF, 302KB\)](#)
- [Vote Count on Council of Representatives Resolution 23B \(PDF, 87KB\)](#)
- [Key Provisions of the New APA Policy](#)

July 31, 2015

- [APA Board of Directors responds to the Independent Review Report: "Recommended Board Actions Related to the Report of the Independent Review Relating to APA Ethics Guidelines, National Security Interrogations and Torture"](#)

July 29, 2015

- [APA Board of Directors responds to the Independent Review Report: "Recommended Board Actions Related to the Report of the Independent Review Relating to APA Ethics Guidelines, National Security Interrogations and Torture"](#)

July 24, 2015

- [Letter to APA members \(PDF, 89KB\)](#)
 APA President-Elect Susan McDaniel, PhD, and APA Past President Nadine J. Kaslow, PhD, ABPP, send letter to APA members requesting recommendation for action.

July 21, 2015

- [Letter to Psychology Colleagues in the International Community \(PDF, 135KB\)](#)
 APA Past President Nadine J. Kaslow, PhD, ABPP, and President Elect Susan H. McDaniel, PhD, ABPP, write letter to the international psychological community on behalf of APA regarding the findings of the Hoffman independent review.

July 10, 2015

- [APA issues press release: "Independent Review Cites Collusion Among APA Individuals and Defense Department Officials in Policy on Interrogation Techniques"](#)

July 2, 2015

Attorney David H. Hoffman delivers the Independent Review Report relating to APA ethics guidelines, national security interrogations and torture, pursuant to the Nov. 12, 2014, resolution of the APA Board of Directors.

- [Report of the independent reviewer \(PDF, 2.62MB\)](#)
- [Index of Exhibits to the APA Independent Review Report \(PDF, 171KB\)](#)
- [Binder 1 \(PDF, 104MB\)](#)

Nov. 2014

APA Commissions
Hoffman report

REPORT TO THE SPECIAL COMMITTEE OF THE BOARD OF DIRECTORS
OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

INDEPENDENT REVIEW
RELATING TO APA ETHICS GUIDELINES,
NATIONAL SECURITY INTERROGATIONS, AND TORTURE

David H. Hoffman, Esq.
Danielle J. Carter, Esq.
Cara R. Viglucci Lopez, Esq.
Heather L. Benzmilller, Esq.
Ava X. Guo, Esq.
S. Yasir Latifi, Esq.
Daniel C. Craig, Esq.
SIDLEY AUSTIN LLP

One South Dearborn Street
Chicago, IL 60603

1501 K Street, N.W.
Washington, DC 20005

July 2, 2015

The Hoffman Report

July 2015

Outside Psychologists Shielded U.S. Torture Program, Report Finds

By JAMES RISEN JULY 10, 2015

WASHINGTON — The [Central Intelligence Agency's](#) health professionals repeatedly criticized the agency's post-Sept. 11 interrogation program, but their protests were rebuffed by prominent outside psychologists who lent credibility to the program, according to a new report.

The 542-page report, which examines the involvement of the nation's psychologists and their largest professional organization, the American Psychological Association, with the harsh interrogation programs of the Bush era, raises repeated questions about the collaboration between psychologists and officials at both the [C.I.A.](#) and the Pentagon.

The report, completed this month, concludes that some of the association's top officials, including its ethics director, sought to curry favor with Pentagon officials by seeking to keep the association's ethics policies in line with the Defense Department's interrogation policies, while several prominent outside psychologists took actions that aided the C.I.A.'s interrogation program and helped protect it from growing dissent inside the agency.

The association's ethics office "prioritized the protection of psychologists — even those who might have engaged in unethical behavior — above the protection of the public," the report said.

Two former presidents of the psychological association were on a C.I.A. advisory committee, the report found. One of them gave the agency an opinion that sleep deprivation did not constitute torture, and later held a small ownership stake in a consulting company founded by two men who oversaw the agency's interrogation program, it said.

The association's ethics director, Stephen Behnke, coordinated the group's public policy statements on interrogations with a top military psychologist, the report said, and then received a Pentagon contract to help train interrogators while he was working at the association, without the knowledge of the association's board. Mr. Behnke did not respond to a request for comment.

In November 2014, the Board of Directors of the American Psychological Association engaged our Firm to conduct an independent review of allegations that had been made regarding APA's issuance of ethical guidelines in 2002 and 2005, and related actions. These ethical guidelines determined whether and under what circumstances psychologists who were APA members could ethically participate in national security interrogations.

A Special Committee of the APA Board of Directors was formed [*Nadine Kaslow, past president, and Susan McDaniel, president-elect*], which stressed to us that our inquiry should be broad, so that the allegations could be addressed in a full and complete manner.

The specific question APA has asked us to consider and answer is whether APA officials colluded with DoD, CIA, or other government officials “to support torture.” The allegations we have been asked to address frame the question more broadly at times. As a result of our investigation, we can report what happened and why. And as part of that description, we answer whether there was collusion between APA and government officials, and if so, what its purpose was.

At the outset of our investigation, we established a special email address (apareview@sidley.com) and phone line that anyone could use to share information with Sidley. We received nearly 300 emails to the special email address and more than 30 phone calls to the phone line from individuals who wanted to provide us with information.

We have reviewed over 50,000 documents, the most important of which were a very high volume of emails from APA that remained from many years ago.

We have conducted well over 200 interviews of 148 people.

Our principal findings relate to the 2005 task force, which was formally empanelled by the APA President and was called the Presidential Task Force on Ethics and National Security, or “PENS.” The task force finalized a report on June 26, 2005 containing 12 ethical guidelines that were adopted as official APA ethics policy by the APA Board on an emergency basis less than one week later.

Our investigation determined that key APA officials, principally the APA Ethics Director joined and supported at times by other APA officials, colluded with important DoD officials to have APA issue loose, high-level ethical guidelines that did not constrain DoD in any greater fashion than existing DoD interrogation guidelines.

We concluded that APA’s principal motive in doing so was to align APA and curry favor with DoD. There were two other important motives: to create a good public-relations response, and to keep the growth of psychology unrestrained in this area.

We also found that in the three years following the adoption of the 2005 PENS Task Force report as APA policy, APA officials engaged in a pattern of secret collaboration with DoD officials to defeat efforts by the APA Council of Representatives to introduce and pass resolutions that would have definitively prohibited psychologists from participating in interrogations at Guantanamo Bay and other U.S. detention centers abroad. The principal APA official involved in these efforts was once again the APA Ethics Director, who effectively formed an undisclosed joint venture with a small number of DoD officials to ensure that APA's statements and actions fell squarely in line with DoD's goals and preferences. In numerous confidential email exchanges and conversations, the APA Ethics Director regularly sought and received pre-clearance from an influential, senior psychology leader in the U.S. Army Special Operations Command before determining what APA's position should be, what its public statements should say, and what strategy to pursue on this issue.

We did not find evidence to support the conclusion that APA officials actually knew about the existence of an interrogation program using “enhanced interrogation techniques.” But we did find evidence that during the time that APA officials were colluding with DoD officials to create and maintain loose APA ethics policies that did not significantly constrain DoD, APA officials had strong reasons to suspect that abusive interrogations had occurred. In addition, APA officials intentionally and strategically avoided taking steps to learn information to confirm those suspicions.

Thus, we conclude that in colluding with DoD officials, APA officials acted (i) to support the implementation by DoD of the interrogation techniques that DoD wanted to implement without substantial constraints from APA; and (ii) with knowledge that there likely had been abusive interrogation techniques used and that there remained a substantial risk, that without strict constraints, such abusive interrogation techniques would continue; and (iii) with substantial indifference to the actual facts regarding the potential for ongoing abusive interrogations techniques.

While we found many emails and discussions regarding how best to position APA to maximize its influence with and build its positive relationship with the Defense Department, and many emails and discussions regarding what APA's messaging should be in a media environment it perceived as hostile, we found little evidence of analyses or discussions about the best or right ethical position to take in light of the nature of the profession and the special skill that psychologists possess regarding how our minds and emotions work—a special skill that presumably allows psychologists to be especially good at both healing and harming.

We found that current and former APA officials had very substantial interactions with the CIA in the 2001 to 2004 time period, including on topics relating to interrogations, and were motivated to curry favor with the CIA in a similar fashion to DoD. But we did not find evidence that the relationship with the CIA contributed to the outcome of the PENS Task Force, apparently because APA's key CIA contact for the APA retired in 2005 before the PENS Task Force met, and perhaps because the CIA's enhanced interrogation technique program was on the wane in 2005, as reported by the Senate Intelligence Committee in its 2014 report.

With regard to the revisions of the Ethics Code in 2002—and most notably a revision to Standard 1.02, providing that psychologists who experienced a conflict between an APA ethical obligation and a law or order from a superior could follow the law or the order without committing an ethical violation, if the conflict could not be resolved (labeled a “Nuremberg defense” by critics)—we found that the meaningful changes occurred prior to 9/11 and were not influenced by an effort to help the government’s interrogation efforts. We did find, however, that the “Nuremberg defense” issue was raised to APA officials during the Ethics Code revision process, but that they failed to follow up on it.

Finally, we found that the handling of ethics complaints against prominent national security psychologists was handled in an improper fashion, in an attempt to protect these psychologists from censure.

Key Players

- Stephen Behnke, APA Ethics Director
- Morgan Banks, DoD official
- Ron Levant, APA President who put together PENS taskforce
- Gerald Koocher, APA President-Elect
- Russ Newman, APA Practice Directorate Chief
- Barry Anton, APA Board Member
- Norman Anderson, APA CEO
- Michael Honaker, APA Deputy CEO
- Nathalie Gilfoyle, APA General Counsel
- Rhea Farberman, APA Communications Director
- Debra Dunivin, DoD official, married to Russ Newman at APA
- Scott Shumate, DoD official

Psych Central Professional

Private Practice Toolbox Reflections on Applied Behavior Analysis Private Practice Kickstart
The Exhausted Woman Professional Services & Partners

The Hoffman Report: The Investigation into the American Psychological Association (APA)

The **Hoffman Report** is the informal name for the 2015 investigation into the American Psychological Association's (APA) practices regarding its relaxing of ethical standards for psychologists involved in torture interrogations. The full name for the report is, *Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, and Torture*. It was authored by attorneys David Hoffman, Danielle Carter, Cara R. Sigman Lopez, Heather L. Benzamler, Ava Guo, Yasir Latifi and Daniel Craig of the law firm, Sidley Austin, LLP.

It was an extensive investigation spanning 6 months that reviewed over 50,000 documents and conducted over 200 interviews with 148 people. The report notes that, "Although most individuals were quite cooperative and willing to meet with us, that sentiment was not universal, and there were several individuals who declined to meet with us or did not respond to our requests." Also, "This inquiry is made more difficult by the amount of time that has elapsed since the important events occurred. The key events relating to the APA task force report occurred 10 to 11 years ago, and the events relating to the ethics code revision occurred 13 to 19 years ago." The independent investigation resulted in a 542-page final report.

We will continuously update this Special Report throughout the week as new analysis and reactions are published regarding the Hoffman Report.

[Independent Review Relating to APA Ethics Guidelines, National Security Interrogations, and Torture](#) (PDF)

July 2, 2015

[The Hoffman Report: Background & Introduction](#)

July 2, 2015

SIDLEY AUSTIN LLP
SIDLEY

REPORT TO THE SPECIAL COMMITTEE OF THE BOARD OF DIRECTORS
OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

INDEPENDENT REVIEW
RELATING TO APA ETHICS GUIDELINES,
NATIONAL SECURITY INTERROGATIONS, AND TORTURE

David H. Hoffman, Esq.
Danielle J. Carter, Esq.
Cara R. Sigman Lopez, Esq.
Heather L. Benzamler, Esq.
Ava Guo, Esq.
Yasir Latifi, Esq.
Daniel C. Craig, Esq.
SIDLEY AUSTIN LLP
One South Dearborn Street
Chicago, IL 60603
1501 K Street, N.W.
Washington, DC 20005

July 2, 2015

Psychologists Who Greenlighted Torture

By THE EDITORIAL BOARD JULY 10, 2015

Email

Share

Tweet

Save

More

mistress
america
august 14

The first detailed accounts of the brutal interrogation program the Central Intelligence Agency established after the Sept. 11 attacks noted that [psychologists and other medical professionals played key roles](#) in abetting the torture of terrorism suspects. However, much about their role and their degree of responsibility in one of the most macabre and shameful chapters of American history has remained shrouded in secrecy.

[A new report](#) by a former federal prosecutor, [first disclosed by James Risen in The Times](#), contains astonishing, disturbing details. It found that top members of the American Psychological Association, the largest professional organization of psychologists, colluded with officials at the Pentagon and the C.I.A. to keep the group's ethics policies in line with tactics that interrogators working for the agency and the military were employing.

At a time when intelligence and Department of Defense officials were desperate for intelligence that would help them foil new terror plots, they were willing to pay handsomely for experts who could give the torture program a veneer of legitimacy. Prominent psychologists were apparently happy to indulge them. "A.P.A. chose its ethics policy based on its goals of helping D.O.D., managing its P.R., and maximizing the growth of the profession," the report said.

Editorials in
Nature,
Science,
Chronicle of
Higher
Education, etc.

Lessons must be learned after psychology torture inquiry

An independent report on the American Psychological Association reveals the extent to which some psychologists colluded with US military and intelligence agencies to allow torture of prisoners.

“The story is rife with conflicts of interest: according to the report, six of the nine voting psychologists on the APA task force that wrote the guidelines had consulting relationships with the DOD or CIA, and one former APA president owned a financial stake in the consulting company that oversaw the CIA interrogation programme. As criticism surfaced, the APA defended itself by formally condemning torture while doing nothing to stop its members from participating. Meanwhile, Guantanamo Bay’s chief military psychologist told an APA meeting: “If we removed psychologists from these facilities, people are going to die.” It is an assertion that does more to reveal the disgraceful state of the programme than to offer a moral defence.”

“The American Psychiatric Association and the American Medical Association forbade their members in 2006 from participating in the interrogation programmes. This is in keeping with the Geneva Convention, an international agreement signed in 1929 and revised nearly 70 years ago to do away with torture and abusive experimentation on prisoners of war. The APA deserves all the criticism it receives and more, for its willingness to forswear global consensus in the interest of making a deal with the devil.”

US torture doctors could face charges after report alleges post-9/11 'collusion'

Leading group of psychologists faces a reckoning following repeated denials that its members were complicit in Bush administration-era torture

● [APA ethics independent review: medical professionals and torture](#)



The American Psychological Association asked a former US attorney to investigate 'collusion with the Bush administration to promote, support or facilitate' torture. Illustration: The Guardian

Spencer Ackerman

@attackerman

Saturday 11 July 2015 06.45 EDT



Shares 27,783 Comments 1,178

The largest association of psychologists in the United States is on the brink of a crisis, the Guardian has learned, after an independent review revealed that medical professionals lied and covered up their extensive involvement in post-9/11 torture. The revelation, puncturing years of denials, has already led to at least one leadership firing and creates the potential for loss of licenses and even prosecutions.

For more than a decade, the American Psychological Association (APA) has maintained that a strict code of ethics prohibits its more than 130,000 members to aid in the torture of detainees while simultaneously permitting involvement in military and intelligence interrogations. The group has rejected media reporting on psychologists' complicity in torture; suppressed internal dissent from anti-torture doctors; cleared members of wrongdoing; and portrayed itself as a

Los Angeles Times

Op-Ed How the American Psychological Assn. lost its way



Satellite imagery shows the Salt Pit, a CIA "black site" prison complex located north of Kabul, Afghanistan, where detainees were submitted to harsh interrogations devised by American psychologists John Jessen and James Mitchell. (DigitalGlobe / Getty Images)

By **ROY EIDELSON, JEAN MARIA ARRIGO**

JULY 30, 2015, 5:00 AM

The American Psychological Assn. is in crisis.

Toronto Convention Aug. 6-8



U.S. Psychologists Urged to Curb Questioning Terror Suspects

By JAMES RISEN JULY 30, 2015



The C.I.A. headquarters in Langley, Va. The American Psychological Association will vote on an ethics policy that would bar its members from participating in national security interrogations.

Larry Downing/Reuters

Faculty

[f](#) [t](#) [g+](#) [in](#) [✉](#) | [Comments \(26\)](#)

August 10, 2015

A Meeting of Psychologists Becomes a Moment of Soul Searching



Aaron Vincent Elkaim for The Chronicle

During the American Psychological Association's conference in Toronto, members reflected on how the group and the discipline can recover from revelations about torture. Some also attended a separate gathering of Psychologists for Social Responsibility, which held a teach-in focused on the matter of psychologists involved in torture.

By Ian Wilhelm

Toronto

As the crowd filled the convention hall, a cluster of angry words appeared on two large screens. Among them: Ashamed. Disappointed. Disgust.

On a stage at the front of the room, Susan H. McDaniel, the incoming president of the American Psychological Association, sat nervously in a director's chair, holding her hands in her lap. Those ugly words and

FRIDAY, AUGUST 7, 2015 FULL SHOW | HEADLINES | NEXT: Gitmo is a "Rights-Free Zone": D

James Risen: In Sharp Break from Past, APA Set to Vote on Barring Psychologists from Interrogations



DOWNLOAD:  VIDEO  AUDIO  GET CD/DVD  MORE FORMATS

TOPICS

Psychology & Torture,
Torture

GUESTS

James Risen, investigative journalist with *The New York Times*. In 2006, he won a Pulitzer Prize for his stories

This is viewer supported news

DONATE →

 PRINTER-FRIENDLY

1,653
SHARED



We speak with Pulitzer Prize-winning New York Times reporter James Risen, who has extensively reported on the APA's ties to the CIA and Pentagon's torture program and is in Toronto to cover the American Psychological Association's annual meeting. http://www.democracynow.org/2015/8/7/james_risen_in_sharp_break_from

2015 Council Resolution

BE IT RESOLVED that APA defines the term "cruel, inhuman, or degrading treatment or punishment" in accordance with the UN Convention Against Torture as "other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article 1, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity" or with the U.S Constitution or other domestic law.

This definition continues to evolve with international legal understandings of this term as defined by the UN Committee Against Torture, UN and regional human rights tribunals (e.g., the European Court of Human Rights and the Inter-American Court of Human Rights), or other international legal bodies (e.g., the International Criminal Court) based on legal findings and jurisprudence. When legal standards conflict, APA members are held to the highest of the competing standards.

In addition, this definition extends to all techniques and conditions of confinement considered torture or cruel, inhuman or degrading treatment or punishment under the UN Convention Against Torture; the Geneva Conventions; the Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment; the Basic Principles for the Treatment of Prisoners; or the World Medical Association⁷³ Declaration of Tokyo.

2015 Council Resolution

It is a violation of APA policy for psychologists to conduct, supervise, be in the presence of, or otherwise assist any individual national security interrogation, nor may a psychologist advise on conditions of confinement insofar as those might facilitate such an interrogation. Furthermore, based on current reports of the UN Committee Against Torture and the UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, it is also a violation of APA policy for psychologists to work at the Guantánamo Bay detention facility, “black sites,” vessels in international waters, or sites where detainees are interrogated under foreign jurisdiction “unless they are working directly for the persons being detained or for an independent third party working to protect human rights” or providing treatment to military personnel. To protect these psychologists from the consequences of violating their obligations under the APA Ethics Code, APA requests that psychologists be withdrawn from any role in individual national security interrogations or conditions of confinement that might facilitate such an interrogation. Furthermore, APA requests that psychologists working at prohibited sites, as described above, be offered deployment elsewhere.

August 7, 2015

APA's Council Bans Psychologist Participation in National Security Interrogations

Calls for blue-ribbon panel to review ethics processes

Related Material

- [Report of the Independent Reviewer and Related Materials](#)
- [Timeline of APA Policies & Actions Related to Detainee Welfare and Professional Ethics in the Context of Interrogation and National Security](#)
- [APA Council of Representatives Resolution 23-B \(PDF, 309KB\)](#)

TORONTO — The American Psychological Association's Council of Representatives voted overwhelmingly today to prohibit psychologists from participating in national security interrogations.

The measure passed by [a vote of 157-1*](#) (PDF, 87KB), with six abstentions and one recusal. The resolution (PDF, 302KB) states that psychologists "shall not conduct, supervise, be in the presence of, or otherwise assist any national security interrogations for any military or intelligence entities, including private contractors working on their behalf, nor advise on conditions of confinement insofar as these might facilitate such an interrogation."

The new policy does allow for psychologist involvement in general policy consultation regarding humane interrogations. The prohibition does not apply to domestic law enforcement interrogations or domestic detention settings where detainees are under the protection of the U.S. Constitution.

The council also voted to create a blue-ribbon panel to review APA's ethics policies and procedures, and issue recommendations to ensure the policies are clear and aligned with best practices in the field.

The moves came in response to [a report commissioned by APA's Board of Directors](#) (PDF, 2.62MB) that found there was undisclosed coordination between some APA officials and Department of Defense psychologists that may have resulted in less restrictive ethical guidance for military psychologists in national security settings. APA has apologized for the organizational failures and association governance is working to correct faults in APA's policies and procedures.

"These actions by APA's council are a concrete step toward rectifying our past organizational shortcomings," said Nadine J. Kaslow, PhD, APA past president and a member of a special committee that received the independent review. "We are now moving forward in a spirit of reconciliation and reform."

Susan H. McDaniel, PhD, APA's president-elect and another special committee member, pledged to help implement these new policies as she steps into her new leadership role in 2016.

"We have much work ahead as we change the culture of APA to be more transparent and much more focused on human rights," McDaniel said. "In addition, we will institute clearer conflict-of-interest policies going forward, all of which are aimed at ensuring that APA regains the trust of its members and the public."

The policy adopted today clarifies that psychologists can only provide mental health services to military personnel or work for an independent third party to protect human rights at national security detention facilities deemed by the United Nations to be in violation of human rights, such as the U.N. Convention Against Torture and the Geneva Conventions.

*The original vote of 156-1, with seven abstentions and one recusal, changed when one representative changed an abstention to a vote for the resolution.

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States. APA's membership includes more than 122,500 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives.

Key Provisions of the New APA Policy

1. Redefines the term "cruel, inhuman or degrading treatment or punishment" in the 2006 and 2013 Council resolutions in accordance with the U.N. Convention Against Torture (rather than with the 1994 U.S. Reservations to this treaty, which were co-opted by the Bush administration to justify harsh interrogation techniques) so as to ensure that it provides protections to everyone, everywhere, including foreign detainees held outside of the U.S.;
2. Urges the U.S. government to withdraw its understandings and reservations to the U.N. Convention Against Torture in keeping with the recent recommendation of the U.N. Committee Against Torture;
3. Continues to offer APA as a supportive resource for the ethical practice of psychologists in organizational settings (including those in the military and national security roles), while recognizing that they strive to achieve and are responsible to uphold the highest levels of competence and ethics in their professional work;
4. Prohibits psychologists from participating in national security interrogations involving military and intelligence authorities, while allowing for involvement in general policy consultation regarding humane interrogations. This does not apply to domestic detention settings in which detainees are afforded all of the protections under the U.S. Constitution;
5. Clarifies that the U.N. Committee Against Torture and the U.N. Special Rapporteur Against Torture serve as the authorities for determining whether certain detention settings would fall under the purview of the 2008 petition resolution as operating in violation of international law;
6. Calls upon APA to inform federal officials of this expanded APA human rights policy, while stipulating prohibited detention settings and requesting that psychologists at these sites be offered deployment elsewhere.

Since 2006, the American Medical Association (AMA) and the American Psychiatric Association (ApA) have prohibited the participation of physicians and psychiatrists, respectively, from participating in national security interrogations, as well as law enforcement interrogations. The AMA has such a provision in its Code of Medical Ethics, whereas the ApA has a policy that is not included in its ethics code (however, its members are physicians). While this new Council resolution invokes Ethical Principle A to "take care to do no harm," it does not amend the Ethics Code and is not enforceable as a result. However, Council's implementation plan for the new policy requests that the Ethics Committee consider a course of action to render the prohibition against national security interrogations enforceable under the Ethics Code.

The net effect of this policy in relation to other APA policies, most notably the 2008 petition resolution and the 2013 reconciled policy, would be to prohibit psychologists from participating in national security interrogations, to continue to allow psychologists to provide mental health services to military personnel in all settings, and to only allow psychologists to treat military personnel (not detainees) and participate in human rights-related work in settings that operate outside of the U.S. Constitution and international law.



APA council voting on resolution





James Risen, NYT

Stephen Soldz

Stephen Reisner

Amy Goodman,
Democracy Now!

MONDAY, AUGUST 10, 2015 FULL SHOW | HEADLINES | NEXT: Art & Protests at the Veni

No More Torture: World's Largest Group of Psychologists Bans Role in National Security Interrogations



TOPICS

Psychology & Torture,
Torture

GUESTS

Steven Reisner, founding
member of the Coalition for

This is viewer supported news

DONATE →

PRINTER-FRIENDLY

9,590
SHARED



By a nearly unanimous vote, the American Psychological Association's Council of Representatives voted Friday to adopt a new policy barring psychologists from participating in national security interrogations. The

Doctors who colluded in US torture vote to crawl 'out of the dark side'

American Psychological Association votes almost unanimously to ban members from being involved in Bush-era tactics of torture in wake of damning report



The entrance to Camp Delta at Guantánamo Bay. The APA's senior officials were found to have provided medical assistance in developing so-called 'enhanced interrogation techniques'. Photograph: Colin Perkel/AP

John Barber in Toronto

Friday 7 August 2015 16.06 EDT



Shares 3,132 Comments 310

The largest association of psychologists in the United States voted to begin reversing its policy of collusion in torture on Friday by prohibiting members of the American Psychological Association from participating in the interrogation of US prisoners on foreign soil.



In the wake of a [devastating internal report](#) that undermined more than a decade of denial from medical professionals of their complicity in post-9/11 interrogations, the APA's 173-member council of representatives consented almost unanimously to ban its thousands of



How Six Rebel Psychologists Fought A Decade-Long War On Torture — And Won

They were ridiculed and sidelined by the leadership of the American Psychological Association, which they accused of complicity in human rights abuses. When the association voted to ban psychologists from these activities on Friday, the rebels scored an improbable — and emotional — victory.

posted on Aug. 7, 2015, at 11:15 a.m.



Peter Aldhous
BuzzFeed News Reporter



Reporting From
Toronto



Steven Reischer, speaking after the vote *Facebook: video.php*



Jean Maria Arrigo Peter Aldhous for BuzzFeed News



Brad Olson Peter Aldhous for BuzzFeed News

U.S.

The Man Who Voted Against Banning Psychologists From National Security Interrogations

BY LAUREN WALKER 8/11/15 AT 3:02 PM



Retired Colonel Larry James, a former chief psychologist at Guantanamo Bay and Abu Ghraib, was part of a team that oversaw national security interrogations. He had the sole dissenting vote against the American Psychological Association's newly passed resolution prohibiting psychologists from participating in such interrogations in the future. SHANITA SIMMONS/US ARMY



FILED UNDER: U.S., APA, Interrogation, enhanced interrogation techniques, Guantanamo Bay

When the [American Psychological Association](#) (APA) [voted](#) 156-1 last week to ban psychologists from participating in national security interrogations, the lone dissenter was retired Colonel Larry James, a former chief psychologist at Guantanamo Bay and Abu Ghraib. He is also one of the people who inspired

83

<http://www.newsweek.com/man-who-voted-against-banning-psychologists-national-security-interrogations-361996>

James, who did not respond to *Newsweek's* request for comment, allegedly advised and participated in some of the very interrogations that the APA voted to ban. In 2010, the Harvard Law School International Human Rights Clinic filed two ethical complaints against James for his work at the prison facilities, one in each of the two states he's licensed to practice—Louisiana and Ohio. The [complaint alleges](#) that during his tenure at Guantanamo in 2003, “boys and men were threatened with rape and death for themselves and their family members; sexually, culturally, and religiously humiliated; forced naked; deprived of sleep; subjected to sensory deprivation, over-stimulation, and extreme isolation; short-shackled into stress positions for hours; and physically assaulted.”

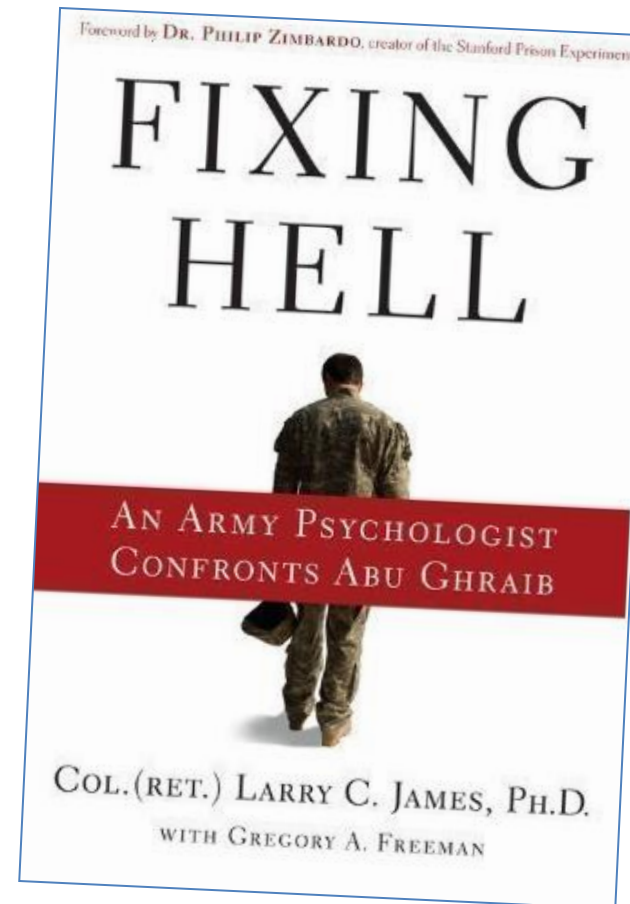
In 2009, Harvard Law Professor Bill Quigley and Deborah Popowski, then a fellow at the Harvard Law School Human Rights Program, [described](#) an incident involving James at Guantanamo:

“Col. Larry James watched behind a one-way mirror in a U.S. prison camp while an interrogator and three prison guards wrestled a screaming, near-naked man on the floor.

The prisoner had been forced into pink women's panties, lipstick and a wig; the men then pinned the prisoner to the floor in an effort “to outfit him with the matching pink nightgown.” As he recounts in his memoir, “Fixing Hell,” Dr. James initially chose not to respond. He “opened [his] thermos, poured a cup of coffee, and watched the episode play out, hoping it would take a better turn and not wanting to interfere without good reason.”

”

James says he eventually intervened, though he never reported the incident, according to Quigley and Popowski. They also say this makes James complicit in activities that constituted war crimes. In 2008, James [said in an](#)



Hoffman Report:

But this is not the first time in the history of warfare that this dynamic has occurred, as eloquently stated by an unknown military officer who was part of a DoD email exchange in August 2003 between military intelligence officers. The email recipients were asked for recommendations about interrogation techniques because “the gloves are coming off regarding these detainees.” After one recipient suggested some “harsher” techniques and commented that “fear of dogs and snakes appear to work nicely,” the unknown officer (whose name has been redacted) wrote:

We need to take a deep breath and remember who we are. Those “gloves” are . . . based on clearly established standards of international law to which we are signatories and in part the originators. Those in turn derive from practices commonly accepted as morally correct, the so-called “usages of war.” It comes down to standards of right and wrong – something we cannot just put aside when we find it inconvenient [W]e have taken casualties in every war we have ever fought – that is part of the very nature of war. We also inflict casualties, generally many more than we take. That in no way justifies letting go of our standards. We have NEVER considered our enemies justified in doing such things to us. . . . **BOTTOM LINE:** We are American soldiers, heirs of a long tradition of staying on the high ground. We need to stay there.

	<u>108- Psychology</u>
Board Cash Balance as June 30, 2017	\$ 1,037,083
YTD FY18 Revenue	82,595
Less: YTD FY18 Direct and Allocated Expenditures	<u>414,909</u>
Board Cash Balance as March 31, 2018	<u><u>704,768</u></u>

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over)	% of Budget
				Budget	
4002400	Fee Revenue				
4002401	Application Fee	58,410.00	41,350.00	(17,060.00)	141.26%
4002406	License & Renewal Fee	16,145.00	519,695.00	503,550.00	3.11%
4002407	Dup. License Certificate Fee	270.00	115.00	(155.00)	234.78%
4002409	Board Endorsement - Out	3,350.00	2,050.00	(1,300.00)	163.41%
4002421	Monetary Penalty & Late Fees	4,350.00	1,130.00	(3,220.00)	384.96%
4002432	Misc. Fee (Bad Check Fee)	70.00	70.00	-	100.00%
	Total Fee Revenue	<u>82,595.00</u>	<u>564,410.00</u>	<u>481,815.00</u>	<u>14.63%</u>
	Total Revenue	<u>82,595.00</u>	<u>564,410.00</u>	<u>481,815.00</u>	<u>14.63%</u>
5011110	Employer Retirement Contrib.	5,445.31	6,894.00	1,448.69	78.99%
5011120	Fed Old-Age Ins- Sal St Emp	3,125.54	4,398.00	1,272.46	71.07%
5011140	Group Insurance	528.78	670.00	141.22	78.92%
5011150	Medical/Hospitalization Ins.	6,120.50	7,776.00	1,655.50	78.71%
5011160	Retiree Medical/Hospitalizatn	476.23	603.00	126.77	78.98%
5011170	Long term Disability Ins	266.48	338.00	71.52	78.84%
	Total Employee Benefits	<u>15,962.84</u>	<u>20,679.00</u>	<u>4,716.16</u>	<u>77.19%</u>
5011200	Salaries				
5011230	Salaries, Classified	40,427.19	51,099.00	10,671.81	79.12%
5011250	Salaries, Overtime	1,167.23	6,371.00	5,203.77	18.32%
	Total Salaries	<u>41,594.42</u>	<u>57,470.00</u>	<u>15,875.58</u>	<u>72.38%</u>
5011300	Special Payments				
5011340	Specified Per Diem Payment	1,000.00	2,350.00	1,350.00	42.55%
5011380	Deferred Compnstn Match Pmts	380.00	480.00	100.00	79.17%
	Total Special Payments	<u>1,380.00</u>	<u>2,830.00</u>	<u>1,450.00</u>	<u>48.76%</u>
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	<u>58,937.26</u>	<u>80,979.00</u>	<u>22,041.74</u>	<u>72.78%</u>
5012000	Contractual Svcs				
5012100	Communication Services				
5012110	Express Services	-	172.00	172.00	0.00%
5012140	Postal Services	4,379.31	4,560.00	180.69	96.04%
5012150	Printing Services	90.06	82.00	(8.06)	109.83%
5012160	Telecommunications Svcs (VITA)	89.49	425.00	335.51	21.06%
	Total Communication Services	<u>4,558.86</u>	<u>5,239.00</u>	<u>680.14</u>	<u>87.02%</u>
5012200	Employee Development Services				
5012210	Organization Memberships	2,750.00	5,500.00	2,750.00	50.00%
	Total Employee Development Services	<u>2,750.00</u>	<u>5,500.00</u>	<u>2,750.00</u>	<u>50.00%</u>
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	8,727.99	8,270.00	(457.99)	105.54%
5012440	Management Services	63.95	330.00	266.05	19.38%
5012460	Public Infrmtnl & Relatn Svcs	428.00	-	(428.00)	0.00%
5012470	Legal Services	-	250.00	250.00	0.00%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount			% of Budget
		Amount	Budget	Under/(Over) Budget	
	Total Mgmt and Informational Svcs	9,219.94	8,850.00	(369.94)	104.18%
5012600	Support Services				
5012640	Food & Dietary Services	820.81	432.00	(388.81)	190.00%
5012650	Laundry and Linen Services	19.05	-	(19.05)	0.00%
5012660	Manual Labor Services	1,688.87	427.00	(1,261.87)	395.52%
5012670	Production Services	696.66	935.00	238.34	74.51%
5012680	Skilled Services	6,349.49	13,815.00	7,465.51	45.96%
	Total Support Services	9,574.88	15,609.00	6,034.12	61.34%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	3,035.32	2,822.00	(213.32)	107.56%
5012830	Travel, Public Carriers	1,049.81	-	(1,049.81)	0.00%
5012850	Travel, Subsistence & Lodging	1,335.80	101.00	(1,234.80)	1322.57%
5012880	Trvl, Meal Reimb- Not Rprtble	658.50	139.00	(519.50)	473.74%
	Total Transportation Services	6,079.43	3,062.00	(3,017.43)	198.54%
	Total Contractual Svs	32,183.11	38,260.00	6,076.89	84.12%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	274.63	348.00	73.37	78.92%
5013130	Stationery and Forms	-	1,554.00	1,554.00	0.00%
	Total Administrative Supplies	274.63	1,902.00	1,627.37	14.44%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	-	2.00	2.00	0.00%
	Total Repair and Maint. Supplies	-	2.00	2.00	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630	Food Service Supplies	-	100.00	100.00	0.00%
	Total Residential Supplies	-	126.00	126.00	0.00%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	-	10.00	10.00	0.00%
	Total Specific Use Supplies	-	10.00	10.00	0.00%
	Total Supplies And Materials	274.63	2,040.00	1,765.37	13.46%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015160	Property Insurance	-	32.00	32.00	0.00%
	Total Insurance-Fixed Assets	-	32.00	32.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	349.98	540.00	190.02	64.81%
5015350	Building Rentals	9.63	-	(9.63)	0.00%
5015390	Building Rentals - Non State	2,219.04	3,531.00	1,311.96	62.84%
	Total Operating Lease Payments	2,578.65	4,071.00	1,492.35	63.34%
5015500	Insurance-Operations				

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10800 - Psychology
For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	Amount	Budget	Amount	
				Under/(Over) Budget	% of Budget
5015510	General Liability Insurance	-	120.00	120.00	0.00%
5015540	Surety Bonds	-	8.00	8.00	0.00%
	Total Insurance-Operations	<u>-</u>	<u>128.00</u>	<u>128.00</u>	<u>0.00%</u>
	Total Continuous Charges	<u>2,578.65</u>	<u>4,231.00</u>	<u>1,652.35</u>	<u>60.95%</u>
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	52.00	52.00	0.00%
	Total Educational & Cultural Equip	<u>-</u>	<u>52.00</u>	<u>52.00</u>	<u>0.00%</u>
5022600	Office Equipment				
5022610	Office Appurtenances	-	70.00	70.00	0.00%
5022620	Office Furniture	631.23	-	(631.23)	0.00%
	Total Office Equipment	<u>631.23</u>	<u>70.00</u>	<u>(561.23)</u>	<u>901.76%</u>
	Total Equipment	<u>631.23</u>	<u>122.00</u>	<u>(509.23)</u>	<u>517.40%</u>
	Total Expenditures	<u>94,604.88</u>	<u>125,632.00</u>	<u>31,027.12</u>	<u>75.30%</u>
	Allocated Expenditures				
20100	Behavioral Science Exec	86,011.41	125,748.60	39,737.19	68.40%
30100	Data Center	75,818.84	65,839.02	(9,979.82)	115.16%
30200	Human Resources	6,427.15	13,420.84	6,993.70	47.89%
30300	Finance	24,950.75	28,433.78	3,483.03	87.75%
30400	Director's Office	11,918.19	14,392.07	2,473.88	82.81%
30500	Enforcement	82,703.35	86,498.72	3,795.37	95.61%
30600	Administrative Proceedings	10,228.01	15,108.21	4,880.20	67.70%
30700	Impaired Practitioners	504.05	979.58	475.53	51.46%
30800	Attorney General	4,783.62	6,378.45	1,594.83	75.00%
30900	Board of Health Professions	6,515.12	8,175.79	1,660.67	79.69%
31100	Maintenance and Repairs	-	315.52	315.52	0.00%
31300	Emp. Recognition Program	55.44	215.79	160.36	25.69%
31400	Conference Center	4,000.40	4,399.46	399.06	90.93%
31500	Pgm Devlpmnt & Implmentn	6,388.26	8,025.57	1,637.31	79.60%
	Total Allocated Expenditures	<u>320,304.58</u>	<u>377,931.40</u>	<u>57,626.83</u>	<u>84.75%</u>
	Net Revenue in Excess (Shortfall) of Expenditures	<u>\$ (332,314.46)</u>	<u>\$ 60,846.60</u>	<u>\$ 393,161.05</u>	<u>546.15%</u>

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
4002400 Fee Revenue											
4002401	Application Fee	8,490.00	8,565.00	8,680.00	5,890.00	5,425.00	4,970.00	5,870.00	6,045.00	4,475.00	58,410.00
4002406	License & Renewal Fee	7,740.00	2,340.00	975.00	1,635.00	690.00	610.00	945.00	425.00	785.00	16,145.00
4002407	Dup. License Certificate Fee	105.00	35.00	25.00	35.00	10.00	-	35.00	15.00	10.00	270.00
4002409	Board Endorsement - Out	400.00	250.00	350.00	450.00	300.00	300.00	450.00	450.00	400.00	3,350.00
4002421	Monetary Penalty & Late Fees	2,750.00	625.00	300.00	150.00	75.00	75.00	100.00	140.00	135.00	4,350.00
4002432	Misc. Fee (Bad Check Fee)	35.00	35.00	-	-	-	-	-	-	-	70.00
	Total Fee Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	82,595.00
	Total Revenue	19,520.00	11,850.00	10,330.00	8,160.00	6,500.00	5,955.00	7,400.00	7,075.00	5,805.00	82,595.00
5011000 Personal Services											
5011100 Employee Benefits											
5011110	Employer Retirement Contrib.	838.59	575.84	575.84	575.84	575.84	575.84	575.84	575.84	575.84	5,445.31
5011120	Fed Old-Age Ins- Sal St Emp	469.69	320.17	320.17	328.94	342.77	344.07	331.36	329.95	338.42	3,125.54
5011140	Group Insurance	81.42	55.92	55.92	55.92	55.92	55.92	55.92	55.92	55.92	528.78
5011150	Medical/Hospitalization Ins.	944.50	647.00	647.00	647.00	647.00	647.00	647.00	647.00	647.00	6,120.50
5011160	Retiree Medical/Hospitalizatn	73.35	50.36	50.36	50.36	50.36	50.36	50.36	50.36	50.36	476.23
5011170	Long term Disability Ins	41.04	28.18	28.18	28.18	28.18	28.18	28.18	28.18	28.18	266.48
	Total Employee Benefits	2,448.59	1,677.47	1,677.47	1,686.24	1,700.07	1,701.37	1,688.66	1,687.25	1,695.72	15,962.84
5011200 Salaries											
5011230	Salaries, Classified	6,278.55	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	4,268.58	40,427.19
5011250	Salaries, Overtime	-	-	-	114.51	295.50	295.50	129.28	110.81	221.63	1,167.23
	Total Salaries	6,278.55	4,268.58	4,268.58	4,383.09	4,564.08	4,564.08	4,397.86	4,379.39	4,490.21	41,594.42
5011340	Specified Per Diem Payment	50.00	300.00	-	-	400.00	-	-	150.00	100.00	1,000.00
5011380	Deferred Compnstrn Match Pmts	60.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	40.00	380.00
	Total Special Payments	110.00	340.00	40.00	40.00	440.00	40.00	40.00	190.00	140.00	1,380.00
	Total Personal Services	8,837.14	6,286.05	5,986.05	6,109.33	6,704.15	6,305.45	6,126.52	6,256.64	6,325.93	58,937.26
5012000 Contractual Svs											
											-

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
5012100	Communication Services										-
5012140	Postal Services	2,250.32	1,062.80	233.16	462.65	45.28	120.72	46.65	84.57	73.16	4,379.31
5012150	Printing Services	-	-	90.06	-	-	-	-	-	-	90.06
5012160	Telecommunications Svcs (VITA)	17.28	17.97	-	-	9.04	-	9.04	18.08	18.08	89.49
	Total Communication Services	2,267.60	1,080.77	323.22	462.65	54.32	120.72	55.69	102.65	91.24	4,558.86
5012200	Employee Development Services										
5012210	Organization Memberships	-	-	-	-	2,750.00	-	-	-	-	2,750.00
	Total Employee Development Services	-	-	-	-	2,750.00	-	-	-	-	2,750.00
5012400	Mgmnt and Informational Svcs										
5012420	Fiscal Services	4,175.09	4,277.00	185.47	64.46	10.55	-	5.43	-	9.99	8,727.99
5012440	Management Services	-	56.16	-	(0.99)	-	5.13	-	3.65	-	63.95
5012460	Public Infrmtnl & Relatn Svcs	-	32.00	86.00	60.00	64.00	66.00	36.00	42.00	42.00	428.00
	Total Mgmnt and Informational Svcs	4,175.09	4,365.16	271.47	123.47	74.55	71.13	41.43	45.65	51.99	9,219.94
5012600	Support Services										
5012640	Food & Dietary Services	-	-	151.35	174.85	-	264.75	-	-	229.86	820.81
5012650	Laundry and Linen Services	-	-	-	-	-	-	-	19.05	-	19.05
5012660	Manual Labor Services	0.88	14.20	19.24	64.63	-	-	4.59	-	1,585.33	1,688.87
5012670	Production Services	5.12	88.80	115.10	293.90	-	153.10	40.64	-	-	696.66
5012680	Skilled Services	516.26	516.26	628.76	516.26	774.39	961.89	774.39	774.39	886.89	6,349.49
	Total Support Services	522.26	619.26	914.45	1,049.64	774.39	1,379.74	819.62	793.44	2,702.08	9,574.88
5012800	Transportation Services										
5012820	Travel, Personal Vehicle	325.82	804.64	-	-	870.45	-	-	440.36	594.05	3,035.32
5012830	Travel, Public Carriers	-	-	-	1,049.81	-	-	-	-	-	1,049.81
5012850	Travel, Subsistence & Lodging	103.10	396.54	-	-	526.85	-	-	210.74	98.57	1,335.80
5012880	Trvl, Meal Reimb- Not Rprtble	59.25	187.75	-	-	265.00	-	-	87.25	59.25	658.50
	Total Transportation Services	488.17	1,388.93	-	1,049.81	1,662.30	-	-	738.35	751.87	6,079.43
	Total Contractual Svcs	7,453.12	7,454.12	1,509.14	2,685.57	5,315.56	1,571.59	916.74	1,680.09	3,597.18	32,183.11

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
5013000	Supplies And Materials										
5013100	Administrative Supplies										-
5013120	Office Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	274.63
	Total Administrative Supplies	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	274.63
	Total Supplies And Materials	-	15.16	(52.92)	87.57	78.68	27.67	18.45	18.77	81.25	274.63
5015000	Continuous Charges										
5015300	Operating Lease Payments										
5015340	Equipment Rentals	-	44.08	44.08	44.08	45.82	44.08	44.08	41.88	41.88	349.98
5015350	Building Rentals	-	2.43	-	-	3.60	-	-	3.60	-	9.63
5015390	Building Rentals - Non State	236.45	276.78	242.04	236.45	263.54	236.45	236.45	254.30	236.58	2,219.04
	Total Operating Lease Payments	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	2,578.65
	Total Continuous Charges	236.45	323.29	286.12	280.53	312.96	280.53	280.53	299.78	278.46	2,578.65
5022000	Equipment										
5022620	Office Furniture	-	-	-	-	-	-	-	-	631.23	631.23
	Total Office Equipment	-	-	-	-	-	-	-	-	631.23	631.23
	Total Equipment	-	-	-	-	-	-	-	-	631.23	631.23
	Total Expenditures	16,526.71	14,078.62	7,728.39	9,163.00	12,411.35	8,185.24	7,342.24	8,255.28	10,914.05	94,604.88
	Allocated Expenditures										
20100	Behavioral Science Exec	13,383.57	9,499.45	8,837.75	8,843.57	9,104.99	8,851.48	9,346.85	9,016.66	9,127.10	86,011.41
30100	Data Center	9,456.09	4,308.36	9,509.72	8,308.72	3,061.10	10,657.11	8,276.77	7,633.08	14,607.88	75,818.84
30200	Human Resources	38.81	48.45	38.96	43.79	6,028.50	90.49	43.03	43.67	51.45	6,427.15
30300	Finance	5,191.26	2,677.75	2,631.86	1,393.96	3,349.46	2,641.53	1,810.85	3,849.33	1,404.75	24,950.75
30400	Director's Office	1,678.35	1,319.83	1,224.40	1,236.56	1,193.68	1,277.38	1,335.01	1,253.48	1,399.50	11,918.19
30500	Enforcement	10,944.14	10,365.40	10,376.01	10,685.35	7,701.17	6,798.31	8,182.72	8,823.08	8,827.18	82,703.35

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2017 and Ending March 31, 2018

Account Number	Account Description	July	August	September	October	November	December	January	February	March	Total
30600	Administrative Proceedings	232.41	5,524.58	608.58	-	-	660.99	-	-	3,201.45	10,228.01
30700	Impaired Practitioners	57.88	43.12	39.60	59.85	58.53	61.83	59.88	63.41	59.94	504.05
30800	Attorney General	-	-	1,594.54	1,594.54	-	-	1,594.54	-	-	4,783.62
30900	Board of Health Professions	973.45	685.74	619.68	671.00	685.65	626.01	720.21	755.02	778.35	6,515.12
31300	Emp. Recognition Program	-	-	-	-	-	-	52.63	-	2.81	55.44
31400	Conference Center	5.02	9.52	7,378.99	(871.48)	(2,568.40)	39.76	4.46	(4.95)	7.48	4,000.40
31500	Pgm Devlpmt & Implmentn	759.52	662.20	614.46	624.20	712.15	664.81	636.59	636.97	1,077.36	6,388.26
	Total Allocated Expenditures	42,720.51	35,144.40	43,474.56	32,590.04	29,326.82	32,369.70	32,063.53	32,069.75	40,545.26	320,304.58
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (39,727.22)	\$ (37,373.02)	\$ (40,872.95)	\$ (33,593.04)	\$ (35,238.17)	\$ (34,599.94)	\$ (32,005.77)	\$ (33,250.03)	\$ (45,654.31)	\$ (332,314.46)

Discipline Reports
January 12, 2018 - April 5, 2018

OPEN CASES AT BOARD LEVEL (as of April 5, 2018)

Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	41	29	33	103
Scheduled for Informal Conferences	8	1	1	10
Scheduled for Formal Hearings	1	1	0	2
Consent Orders (offered and pending)	1	0	0	1
Cases with APD for processing (IFC, FH, Consent Order)	14	6	3	23
TOTAL OPEN CASES	65	37	37	139

CASES CLOSED

Closure Category	Counseling	Psychology	Social Work	BSU Total
Closed – no violation	10	7	4	21
Closed – undetermined	7	4	2	13
Closed – violation	1	1	3	5
Credentials/Reinstatement – Denied	2	1	0	3
Credentials/Reinstatement – Approved	1	0	2	3
TOTAL CASES CLOSED	21	13	11	45

AVERAGE CASE PROCESSING TIMES (counted on closed cases)

	Counseling	Psychology	Social Work
Average time for case closures	151	110	291
Avg. time in Enforcement (investigations)	59	59	97
Avg. time in APD (IFC/FH preparation)	82	76	160
Avg. time in Board (includes hearings, reviews, etc).	85	40	130

Discipline Reports
 January 12, 2018 - April 5, 2018

CASES RECEIVED and ACTIVE INVESTIGATIONS

	Counseling	Psychology	Social Work	BSU Total
Cases Received for Board review	43	29	22	94
Open Investigations in Enforcement	32	15	15	62

HEARINGS HELD and CONSENT ORDERS ENTERED

Board Action	Counseling	Psychology	Social Work	BSU Total
Consent Orders Entered	0	0	1	1
Informal Conferences Held Special Conference Committee	4	1	1	6
Formal Hearings Held	0	0	1	1
Summary Suspension Hearings Held	1	0	1	2

UPCOMING HEARINGS (2018)

Hearing/Conference Type	Counseling	Psychology	Social Work
Informal Conferences	April 13, 2018 June 1, 2018 July 27, 2018 September 14, 2018 October 19, 2018 November 30, 2018	June 5, 2018 July 24, 2018 September 18, 2018 December 4, 2018	June 8, 2018 July 20, 2018 November 16, 2018
Formal Hearings	May 18, 2018	May 8, 2018	June 15, 2018

PSYCHOLOGY LICENSES ISSUED	
Clinical Psychologist by examination	42
Clinical Psychologist by endorsement	22
Clinical Psychologist Reinstatements	3
School Psychologist Limited	12
School Psychologist Limited Reinstatements	2
Sex Offender Treatment Provider	7
Sex Offender Treatment Provider Reinstatements	
Resident in Training	23
Total Issued from 1-23-2018 through 4-23-2018	106

PSYCHOLOGY LICENSE TOTALS	
Virginia Current Active	4265
Virginia Current Inactive	55
Out of State Current Active	1181
Out of State Current Inactive	98
Probation – Current Active	3
Total as of 4-23-2018	5602

Project 5213 - NOIRA

BOARD OF PSYCHOLOGY

Periodic review amendments

Part I

General Provisions

18VAC125-20-10. Definitions.

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

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

"CAEP" means Council for the Accreditation of Educator Preparation.

"CPA" means Canadian Psychological Association.

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

"Client" refers to (a) the client/patient recipient of services – the child, adolescent, adult, older adult, family, or client/patient group; (b) the organization, community, or other larger population receiving psychological services; (c) legal guardian; and (d) in some instances when the payer for psychological services differs from the recipient of psychological services, "client" may also refer to the payer for services.

Commented [JW1]: Needs to be edited

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, ~~for the~~ and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Face-to-face" means in-person.

"Intern" means an individual who is enrolled in a professional psychology program internship.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Practicum Student" means an individual who is enrolled in a professional psychology program who is receiving pre-internship training by seeing clients.

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

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a Board-approved residency.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing training process performed by a supervisor who assumes primary responsibility for client care; monitors the performance of the person supervised; and provides regular, documented individual consultation, guidance, and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a ~~person and provides the supervision required by such a person~~ clinical trainee in the supervisor's setting, while assuming primary responsibility for the supervisee's clients' care.

18VAC125-20-30. Fees required by the board.

A. The board has established fees for the following:

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

8. Duplicate license	\$5	\$5
9. Additional or replacement wall certificate	\$15	\$15
10. Returned check	\$35	\$35
11. Reinstatement of a lapsed an expired license	\$270	\$125
12. Reinstatement following revocation or suspension	\$500	\$500

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

~~C. Between April 30, 2016, and June 30, 2016, the following renewal fees shall be in effect:~~

- ~~1. For an active license as a clinical, applied, or school psychologist, it shall be \$84. For an inactive license as a clinical, applied, or school psychologist, it shall be \$42.~~
- ~~2. For an active license as a school psychologist limited, it shall be \$42. For an inactive license as a school psychologist limited, it shall be \$21.~~

18VAC125-20-35. Change of name or address.

A. Licensees or registrants shall notify the board office in writing within 60 days of (1) any legal name change, or (2) any change of address of record or of the public address, if different from the address of record.

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

- A. Every applicant for examination for licensure by the board shall:
1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, or 18VAC125-20-56 and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and
 2. Submit the following:
 - a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56;

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

ef. Verification of any other health or mental health professional license or certificate ever held in another jurisdiction. The applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on all parts of the Examination for Professional Practice of Psychology.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

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

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;
3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses or certificates ever held in any jurisdiction. In order to qualify for endorsement, the applicant shall not have surrendered a license or certificate while under investigation and shall have no unresolved action against a license or certificate;
5. Verification of a passing score on all parts of the Examination for the Professional Practice of Psychology that were required at the time of original licensure;
56. A current report from the National Practitioner Data Bank; and
67. Further documentation of one of the following:
 - a. A current National Register of Health Service Psychologist Credential; ~~A current listing in the National Register of Health Service Psychologists;~~
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. ~~Ten years of active~~ Active licensure in a category comparable to the one in which licensure is sought, ~~with an appropriate degree as required in this chapter documented by an official transcript for at least 24 of the last 60 months immediately preceding licensure application;~~ or
 - e. If less than ~~40 years~~ 24 months of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent

to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

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

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

1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
2. An official transcript showing completion of a master's degree in psychology.
3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
4. The application fee.

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

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

A. ~~The a~~Applicants graduating after [seven years from the date of approval] shall hold a doctorate from a professional psychology program in a regionally accredited university that, at the time the applicant graduated, was accredited by the APA, CPA, or other accrediting body acceptable to the board, in clinical or counseling psychology ~~within four years after the applicant graduated from the program,~~ or shall meet the requirements of subsection B of this section.

Graduates of programs that are not within the United States or Canada must provide documentation from a credentialing service approved by the Board that provides information verifying that the program is substantially equivalent to an APA-accredited or CPA-accredited program.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and which meets the following criteria: After [seven years from the date of approval], all applicants must meet the criteria established in 18VAC125-20-54A above.

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. ~~Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service which provides information that allows the board to determine if the program meets the requirements set forth in this chapter.~~
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

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

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

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences ~~involving assessment, and diagnosis, and psychological intervention, consultation and supervision.~~ The ~~practicum~~practicum shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. Applicants shall graduate from an educational program in clinical or counseling psychology that includes appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

~~D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:~~

~~1. The supervised experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsection A or B of this section.~~

~~2. The supervised experience shall include face to face direct client services, service-related activities, and supporting activities.~~

~~a. "Face to face direct client services" means treatment/intervention, assessment, and interviewing of clients.~~

~~b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.~~

~~c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.~~

~~3. In order for doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:~~

~~a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;~~

~~b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and~~

~~c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.~~

~~4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.~~

~~5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.~~

~~6. The hours of doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.~~

18VAC125-20-55. Education requirements for applied psychologists.

A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university ~~that~~ which meets the following criteria:

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

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

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

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

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

- a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
- b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g., developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

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

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

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

1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.
2. The program shall be recognizable as an organized entity within the institution.
3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.
4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

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

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences which shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

18VAC125-20-65. Supervised experience.

A. Internship requirement.

1. Candidates for clinical psychologist licensure shall have successfully completed an internship ~~in a program~~ that is either accredited by APA or the CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the U. S. or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA accredited program.

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

B. Residency requirement.

~~1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to begin a residency.~~

~~2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56. An individual who proposes to obtain supervised post degree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-20-30.~~

~~3. If board approval was required for supervised experience obtained in another U.S. jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.~~

~~3.4. There shall be a minimum of two hours of individual supervision per week 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours per week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week 40 hours.~~

~~4.5. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.~~

~~5.6. Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure.~~

~~6.7. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.~~

~~7.8. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.~~

~~8.9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervisors.~~

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board. For clinical psychology candidates, the residency may be completed during the doctoral program or after receipt of the doctoral degree, as specified in 18VAC125-20-65B2 below. School psychologist candidates must complete the residency requirement after receipt of their final school psychology degree.
2. An applicant for clinical license may fulfill the residency requirements of 1,500 hours, or some part thereof, from within the supervised doctoral practica experience that meets the following standards:
 - a. The supervised experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in 18VAC125-20-54.
 - b. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.
 - i. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.
 - ii. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.
 - iii. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the

trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

- c. In order for doctoral practica hours to fulfill all or part of the residency requirement, the following shall apply:
 - i. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
 - ii. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
 - iii. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
 - d. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
 - e. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
 - f. The hours of doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.
 - g. If the supervised experience hours completed in a practica series do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65B3 below.
3. Applicants who propose to receive some or all of their residency hours after completion of their graduate psychology degree must adhere to the following post-degree residency supervision requirements.

- a. An individual who proposes to obtain post-degree residency supervision in Virginia shall, prior to the onset of such supervision:
 - i. Register with the Board the proposed supervision experience and supervisor, on board approved forms in advance of this supervision in order to have the supervision accepted toward licensure; and register any changes to the supervisor or supervised experience or location with the Board on Board approved forms immediately with their occurrence;
 - ii. Pay the registration fee set forth in 18VAC125-20-30; and,
 - iii. Have submitted an official transcript documenting the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.
- b. Supervised experience shall be acquired in 12-36 consecutive months.
- c. An individual who does not complete the supervision requirement after 36 consecutive months of supervised experience may request an extension of up to 12 months. The request for an extension shall include evidence that demonstrates extenuating circumstances that prevented completion of the supervised experience within 36 months.
- d. If board approval was required for supervised experience obtained in another U.S. jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.
- e. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours.

- f. The Board-registered supervising psychologist shall keep records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period.
- g. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill directly for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident who is registered with the board consistent with these regulations. During the residency period they shall use their names, the initials of their degree, and the title "Resident in Applied Psychology," or "Resident in Clinical Psychology," or "Resident in School Psychology," depending on the licensure category in which licensure is sought.
- h. Supervision shall be provided by a psychologist licensed to practice in Virginia within the licensure category in which the resident is seeking licensure.
- i. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.
- j. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.
- k. The board may consider special requests in the event that the regulations create an undue burden in regard to geography, disability, and/or access to client records that limit the resident's access to qualified supervisors.

~~C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral doctoral practicum as specified in~~

~~18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a person candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.~~

~~DC. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders hours were completed no more than four years prior to submission of an application for licensure.~~

Part III

Examinations

18VAC125-20-80. General examination requirements.

~~A. "Eligibility to sit for the national examination may be amended to allow an applicant who completed residency requirements in a practicum series as part of the educational program is also eligible to take part 1 of the exam, once the two part process is implemented." An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examination.~~

~~B. A candidate approved by the board to sit for an examination shall take that achieve a passing score on the final steppart of the national examination within two years of the date of the initial board approval immediately preceding application for licensure. A candidate may request an extension of the two limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.~~

A. With proof of enrollment/matriculation within a qualifying professional psychology program, including internship, from a program director, an applicant may take Part 1 of the required national examination (EPPP) at any time during these graduate studies or internship.

B. Candidates shall achieve a passing score on all parts of the national examination and shall achieve a passing score on the final part of the national examination within two years immediately preceding application for license. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of Board regulation in effect at that time.

Commented [JW2]: This section needs to be reworked.

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

Part V

Licensure Renewal; Reinstatement

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.
2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.
3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. A person with an inactive license is not authorized to practice. ; ~~no person shall practice psychology in Virginia unless he holds a~~

~~current active license.~~An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

~~4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record.~~

4. A licensee who has failed to pay the required renewal fee and meet the renewal requirements will be considered to have an expired license.

5. No person shall practice psychology in Virginia without a current active license.

~~56.~~ Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner

has the opportunity to interact with the presenter ~~and participants~~ during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for each of the following specific educational experiences ~~to include~~:

a. Preparation for and presentation of a continuing education program, seminar, workshop, or academic course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

c. Serving at least six months as Editor or Associate Editor of a national or international, professional, peer-reviewed journal directly related to the practice of psychology.

3. Ten hours will be accepted for one or more three-credit hour academic courses completed at a regionally accredited institution of higher education that is directly related to the practice of psychology.

~~34.~~ The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held.

Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

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

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

F. Up to two of the 14 continuing education hours required for renewal may be satisfied through delivery of psychological services, without compensation, to low-income individuals receiving mental health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services as verified by the department or clinic. Three hours of volunteer service is required for one hour of continuing education credit.

18VAC125-20-122. Continuing education providers.

A. The following organizations, associations or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. ~~Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.~~
4. Any regionally accredited institution of higher learning. ~~A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.~~

~~5-4.~~ Any governmental agency or facility that offers mental health, health or psychoeducational services.

~~6-5.~~ Any licensed hospital or facility that offers mental health, health or psychoeducational services.

~~7-6.~~ Any association or organization that has been approved as a continuing ~~competency~~ education provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.

2. Monitor attendance at classroom or similar face-to-face educational experiences.

3. Provide a certificate of completion for licensees who successfully complete a course.

The certificate shall indicate the number of continuing education hours for the course and shall indicate the number of hours that may be designated as ethics, if any.

18VAC125-20-123. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of four years.

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. Official transcripts showing credit hours earned from an accredited institution; or

2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee.

The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the ~~penalty~~ late fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed and by completing the continuing education requirements specified in 18VAC125-20-121 for the year that the license was not renewed.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has ~~lapsed~~ been expired, not to exceed four years;
2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and
3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued ~~competency~~ education hours equal to the number of years the license has been inactive, not to exceed four years.

Part VI

Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences. Regardless of the delivery method (e.g., in person, using technology), these standards shall apply to the practice of psychology.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by appropriate education, training, and appropriate experience;

2. Delegate to their employees, supervisees, residents and research assistants persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training and experience. ~~Take ongoing steps to maintain competence in the skills they use;~~

3. Maintain current competency in the areas of practice, through continuing education, consultation, and/or other procedures, consistent with current standards of scientific and professional knowledge;

~~2.4. When making public statements regarding~~ Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, published findings, directory listings, curriculum vitae, etc., to ensure that such statements are neither fraudulent nor misleading;

~~3-5.~~ Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;

~~4-6.~~ Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;

~~5-7.~~ Avoid harming, exploiting, or misleading patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. ~~Not exploit or mislead people for whom they provide professional services.~~ Be alert to and guard against misuse of influence;

Commented [JW3]: This one needs to be reworked and perhaps split into different items and have torture added.

~~6.~~ Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well being (to include but not limited to treatment of close friends, relatives, employees);

~~7-8.~~ ~~W~~Avoid, withdraw from, adjust, or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;

~~8.~~ Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;

~~9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1-03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;~~

~~10.9. Make reasonable efforts arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and ~~to~~ provide for continuity of care when services must be ~~interrupted or~~ terminated;~~

~~11.10. Conduct~~ financial responsibilities to clients in an ethical and honest manner by:

~~a. Inform~~ Informing clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services.

~~b. Inform~~ Informing the consumer clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment.

~~c. Requiring a signed consent for fees that deviate from the practitioner's usual and customary fees for services.~~

~~Avoid bartering goods and services.~~

~~d. Participate~~ Participating in bartering only if it is not clinically contraindicated and is not exploitative.

~~e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment;~~

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

Commented [JW4]: This is where the entire Board stopped its review during the February meeting

Commented [JW5]: For reference: Anything underlined is new from the Regulatory Committee; anything redlined is deleted by the Regulatory Committee.

12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are most current and appropriate;

Commented [JW6]: Comment from Jim Werth, not the Regulatory Committee: Awkward / confusing?

13. ~~Keep pertinent, confidential records for at least five years after termination of services to any consumer;~~

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia, including the need for obtaining informed consent from patients prior to involving them as subjects in human research, with the exception of retrospective chart reviews; and

Commented [JW7]: For reference: From here on out, the material marked in track changes contains edits made to the original Regulatory Committee edits by Jim but not yet reviewed by the Regulatory Committee.

~~14.~~ Report to the board known or suspected violations of the laws and regulations governing the practice of psychology;

15. Disclose to clients all methods of treatment and inform clients of the risks and benefits of any such treatment;

16. 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~~ asking the client to permit communication ~~privileges~~ with the other professional. ~~If the client denies the request, the reasons for the denial should be documented; if the client consents, a release form should be signed and included in the chart; and~~

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

C. In regard to client records and confidentiality, persons licensed by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client ~~records information~~ to others only with written consent except as permitted or required by law, including, but not limited to, situations involving: (a) ~~to taking~~ precautions to protect third parties in accordance with § 54.1-2400.1 of the Code of Virginia; (b) ~~assisting clients who the psychologist believes to be a danger to self or unable to care for self; when a patient or client is a danger to self;~~ (c) ~~to reporting~~ child abuse as required under § 63.2-1509 of the Code of Virginia; (d) ~~to reporting~~ abuse of aged or incapacitated adults as required under § 63.2-1606 of the Code of Virginia; and (e) as required adhering to requirements under §32.1-127.1:03 of the Code of Virginia; ~~or (f) as permitted by law for a valid purpose;~~

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

3. Not willfully or negligently breach the confidentiality between a practitioner and a client. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

D. In regard to client records, persons licensed by the board shall:

1. Maintain timely, accurate, legible and complete written or electronic records for each client that includes:

a. the name of the client and other identifying information;

b. the presenting problem(s), purpose, or diagnosis;

c. documentation of the fee arrangement;

d. the date and ~~substance of each billed or service count contractor service~~ clinical summary of each service provided;

e. any test results or other evaluative results obtained and any basic test data from which they were derived;

f. notation and results of formal consults with other providers;

g. a copy of all test or other evaluative reports prepared as part of the professional relationship; and

h. any releases by the client.

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic and other records in such a manner as to ensure their confidentiality.

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, 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):

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 a legally authorized representative.

E. In regard to ~~dual~~ multiple relationships, persons licensed by the board shall:

1. Not engage in a ~~dual~~ multiple relationship while providing professional services with a person under supervision, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of a client) that could impair professional judgment

Commented [JW8]: Comment from Jim Werth, not the Regulatory Committee: Compare with (g) below – do we need both or can they be combined?

Commented [JW9]: Comment from Jim Werth, not the Regulatory Committee: Move above (e) or after (g) if both are kept

Commented [JW10]: Comment from Jim Werth, not the Regulatory Committee: Why is there a time limit here?

or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a ~~dual~~multiple relationship cannot be avoided, such as obtaining informed consent, consultation /- supervision, and documenting decision-making to ~~ensure~~minimize the possibility that judgment is ~~not~~impaired ~~and~~ ~~nor~~ that exploitation or harm occurs;

2. Not engage in sexual intimacies or a romantic relationship with a person under supervision, student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. ~~Since~~Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in ~~his~~the psychologist's professional capacity; and

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

E. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or

regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action, including but not limited to taking action against a license and/or imposing a monetary penalty, or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring ~~of~~ or maintaining a license by fraud or misrepresentation;
3. ~~Misuse of drugs or alcohol to the extent that it interferes with professional functioning~~
Conducting one's practice in such a manner so as to make it a danger to the health and welfare of one's clients or to the public;
4. ~~Negligence in professional conduct~~ Intentional or negligent conduct that causes or is likely to cause injury to a client or clients; ~~or any violation of practice standards set forth in 18VAC125-20-150 including but not limited to this chapter;~~
5. Performing functions outside areas of competency;
6. ~~Mental, emotional, or physical incompetence to practice the profession~~ Inability to practice psychology with reasonable skill and safety to clients by reason of illness or substance misuse, or as a result of any mental, emotional, or physical condition;
7. Failure to comply with the continuing ~~competency~~ education requirements set forth in this chapter; or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

Commented [JW11]: Comment from Jim Werth, not the Regulatory Committee: Define? "related to lying, cheating, or stealing"

9. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;

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

11. Action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction;

12. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

13. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged and incapacitated adults as required in § 63.2-1606 of the Code of Virginia; or

14. Any violation of practice standards set forth in 18VAC125-20-150.

18VAC125-20-170. Reinstatement following disciplinary action.

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

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

From: Stewart, Herbert <herb.stewart@dbhds.virginia.gov>
Date: Tue, May 1, 2018 at 6:16 PM
Subject: PSYPACT update
To: Jaime Hoyle <jaime.hoyle@dhp.virginia.gov>

Hi Jaime, would you kindly forward these additional recent materials regarding PSYPACT (see attachments) to board members and staff in anticipation of our upcoming discussion? More info is available at <http://www.asppb.net/mpage/resources>. Thanks.

As an update, two more states have just ratified PSYPACT:

Arizona – AZ HB 2503 (Enacted on 5/17/2016)
Nevada - NV AB 429 (Enacted on 5/26/2017)
Utah - UT SB 106 (Enacted on 3/17/2017)
Colorado - CO HB 1017 (Enacted 4/12/2018)
Nebraska - NE L 1034 (Enacted 4/23/2018)

The following states have bills introduced:

Illinois - IL HB 2688 and IL SB 1391 (Click [here](#) for more information)
Missouri - MO HB 1419/MO HB 1629/MO HB 1896/MO SB 733
<https://house.mo.gov/bill.aspx?bill=HB1896&year=2018&code=R>
Rhode Island - RI H 7610 (Click [here](#) for more information)

(updated status map is at <https://asppb.site-ym.com/mpage/legislative>)

It will go into effect when the 7th state ratifies it, and the first tier of states to enter will write the regs.

With regard to some previously expressed concerns, the following is excerpted from the "PSYPACT Information for Virginia" document [emphases mine]:

...CONS OF PSYPACT

1. Perception that psychologists outside of Virginia would electronically come in and see all Virginia patients, which would deprive Virginia psychologists of seeing those patients. While we believe some psychologists in other compact states practicing under the authority of PSYPACT could see Virginia patients via telepsychology, it is not anticipated that these psychologists will significantly impact the number of patients available to be seen by psychologists licensed in Virginia. Additionally, through the enactment of PSYPACT, Virginia psychologists will also have the ability to treat patients in other compact states.
2. Psychologists with substandard qualifications will come into Virginia to practice. PSYPACT ensures that *only psychologists with no criminal or disciplinary history* will be allowed to practice under the authority of PSYPACT. Through the E.Passport and IPC certifications, ASPPB will vet psychologists who want to participate in PSYPACT to ensure they meet the criteria agreed upon by the compact states. In addition, Virginia already participates with the ASPPB CPQ (Certificate of Professional Qualifications) program, which facilitates mobility and portability of licensure. *By Virginia accepting CPQ applicants for licensure (through endorsement), the board is saying those psychologists who are licensed in another jurisdiction meet the qualifications for licensure in Virginia.*
3. Cost to the state to participate in the compact. The anticipated cost for a state to participate in the compact is estimated to be between \$3,000 to \$6,000; however, final fees will be determined by the PSYPACT Commission. This will primarily pay for some administrative costs and provide

travel expenses for the Virginia Commissioner to attend PSYPACT Commission meetings. This fee is consistent to what other compacts charge participating states.

Of interest, a Missouri economic impact statement projects no budgetary impact to the state, other than the \$3-6K fee:

<https://house.mo.gov/billtracking/bills181/fiscal/fispdf/5486-01P.ORG.pdf>

I do believe that, for that modest amount, we can help provide access to care for some Virginians who otherwise would not receive it. It also clarifies and harmonizes the rules of the road and may help Virginia psychologists avoid practice pitfalls, as this 2017 APA CE article notes:

...Cross-jurisdictional practice. Psychologists must comply with laws and regulations in the states, provinces or countries where their clients are, the guidelines note. While the Department of Defense and Department of Veterans Affairs have policies that govern cross-jurisdictional services, states, provinces and countries vary. For Suberri, that has meant getting licensed in the 10 states where she provides telepsychology services—an expensive, time-consuming process, thanks to the lack of uniformity in requirements.

The Association of State and Provincial Psychology Boards is trying to solve the interjurisdictional practice problem by developing the Psychology Interjurisdictional Compact (PSYPACT), which would allow licensed psychologists to offer telepsychology services in participating states without having to get licensed in those additional states.

"Licensing requirements across states vary," says Janet Orwig, MBA, PSYPACT's executive director. "PSYPACT levels requirements across states and sets a bar." Arizona has already enacted PSYPACT legislation, and several more states have introduced legislation to adopt the compact, says Orwig. PSYPACT will become operational once it is enacted in seven states, something Orwig hopes will be achieved by year's end. <http://www.apa.org/monitor/2017/05/ce-corner.aspx>

Other disciplines are also moving in this direction:

<https://www.nga.org/files/live/sites/NGA/files/pdf/2017/1708RuralHealthLegislationTracking.pdf>

I look forward to our discussion.

Herb

Herbert L. Stewart, Ph.D.

Chair, Virginia Board of Psychology

Clinical Psychologist

Western State Hospital

Acute Admission Service, 2 Oak

Box 2500, Staunton, VA 24402-2500

Phone: (540) 332-8461

herb.stewart@dbhds.virginia.gov

----- Forwarded message -----

UNDERSTANDING

HOW PSYPACT WORKS



1 STATES ENACT PSYPACT

PSYPACT is operational when seven states enact the legislation for the compact.



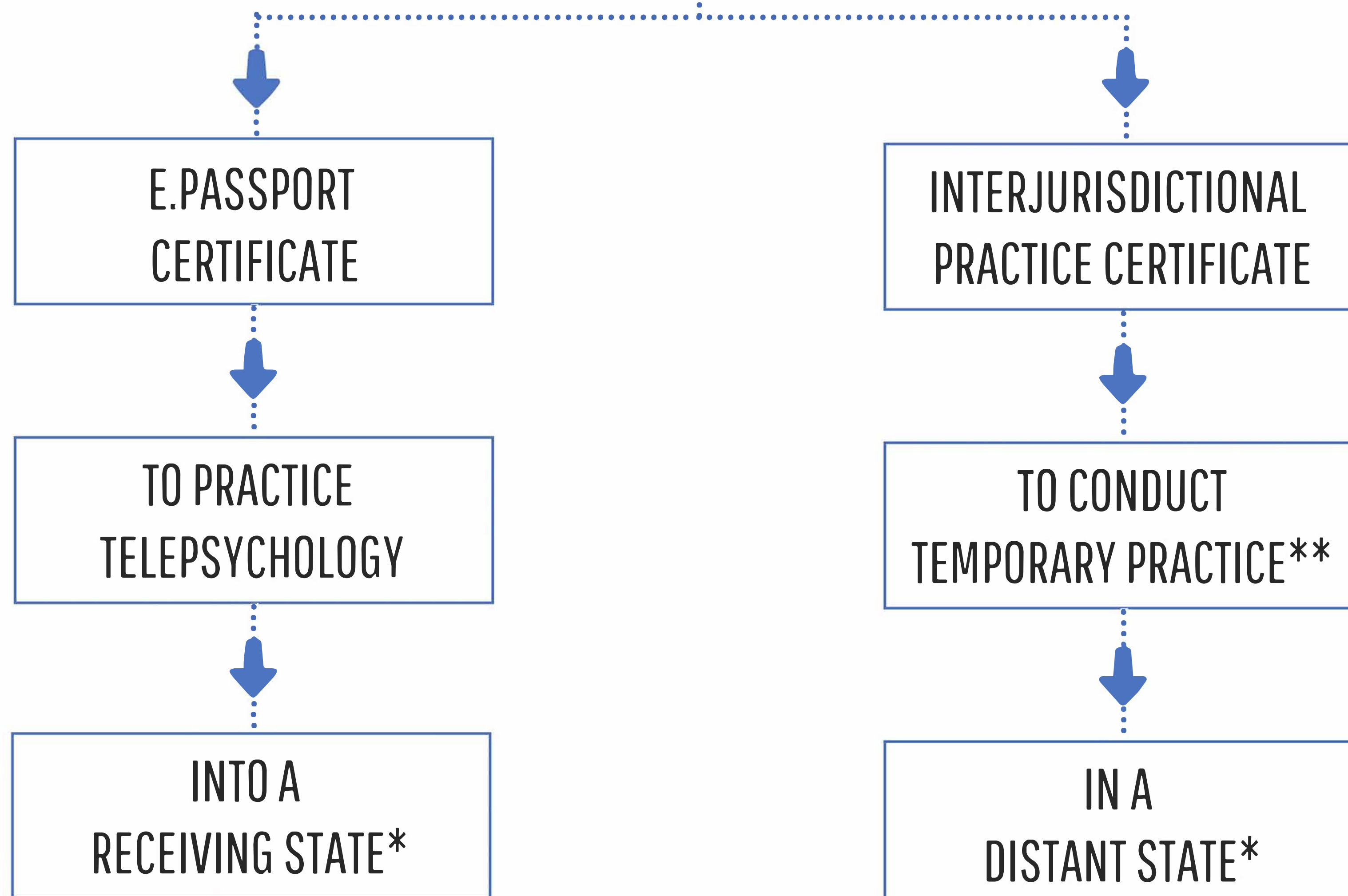
2 PSYPACT COMMISSION IS ESTABLISHED

The PSYPACT Commission is the governing body of PSYPACT and is responsible for writing the Bylaws and Rules of PSYPACT.



3 PSYCHOLOGISTS PRACTICE UNDER PSYPACT

Psychologists licensed in their Home State* can apply for ASPPB certifications, and pending approval, can practice under the authority of PSYPACT. These certifications include:



* Indicates must be a Compact State that has enacted PSYPACT legislation

** Indicates temporary practice must be in-person, face-to-face



Advancing the Interjurisdictional Practice of Psychology

Created by the Association of State and Provincial Psychology Boards (ASPPB), the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

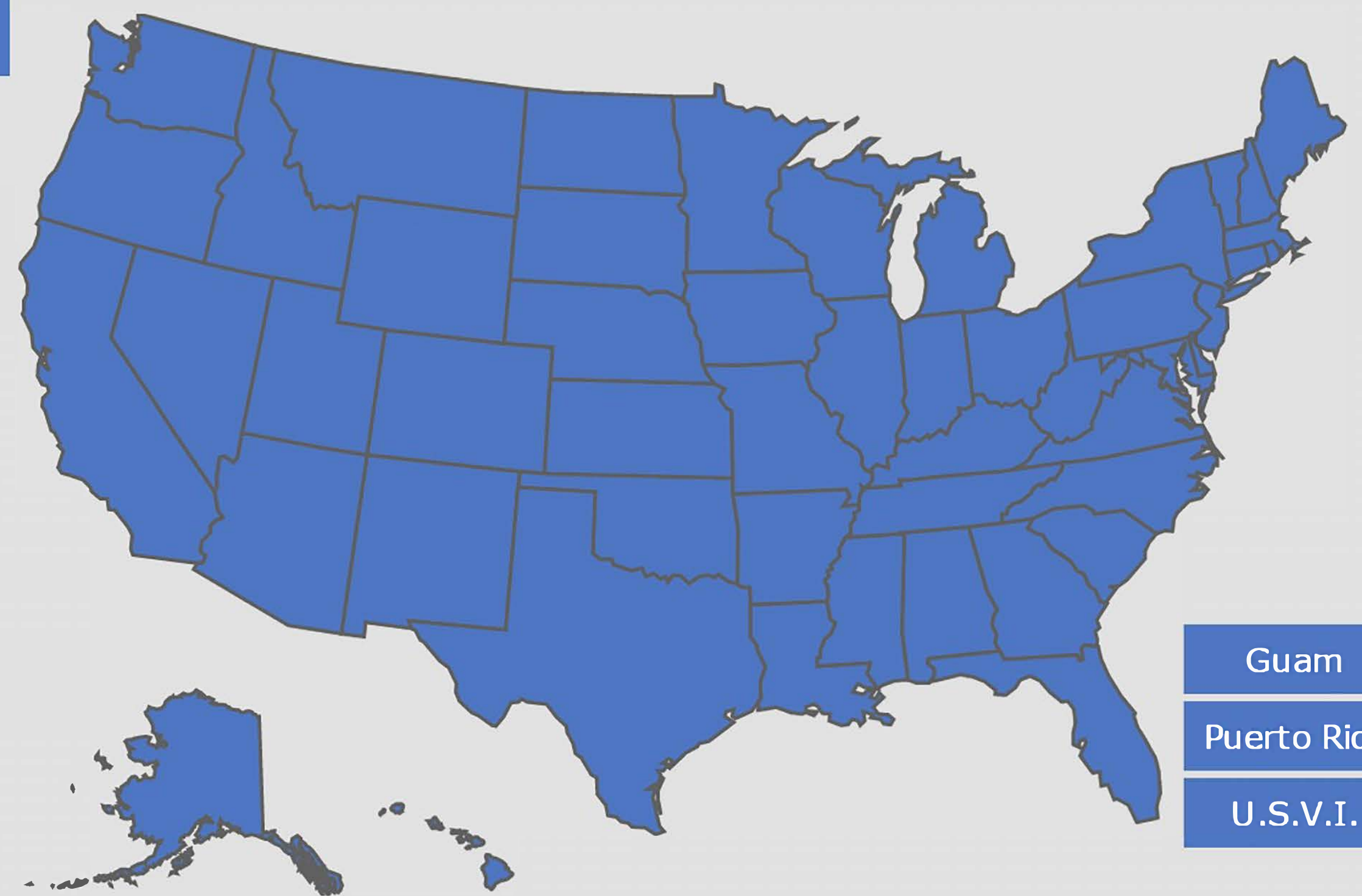
About PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



How PSYPACT Works

PSYPACT becomes operational when seven states enact PSYPACT into law



Psychologists who wish to practice under PSYPACT obtain:

E.Passport Certificate for telepsychology

Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice



PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

Benefits of PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client/patient relocates, travels, etc.
- Certifies that psychologists have met acceptable standards of practice
- Promotes cooperation between PSYPACT states in the areas of licensure and regulation
- Offers a higher degree of consumer protection across state lines

How PSYPACT Impacts Psychologists

- Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states
- Permits psychologists to provide services to populations currently underserved or geographically isolated
- Standardizes time allowances for temporary practice regulations in PSYPACT states

EMAIL: info@psypact.org

WEBSITE: www.psypact.org

SOCIAL: @PSYPACT

ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW

E.Passport Info

The E. Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines in jurisdictions that accept the E.Passport. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated practice.

Applying for the E.Passport

Application for the E. Passport can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

Renewing the E.Passport

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Demonstrate three (3) hours of continuing education relevant to the use of technology in psychology. Approved Continuing Professional Development for the E. Passport may include academic courses and approved sponsor continuing education.
- All continuing education must be directly relevant to the practice of telepsychology and would include, but not be restricted to any one or more of the areas defined in the APA Guidelines for the Practice of Telepsychology. Relevance to the practice of telepsychology will be determined by the Mobility Committee.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

Using the E.Passport*

- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Abide by the APA Guidelines for the Practice of Telepsychology and the ASPPB Telepsychology Principles/Standards
- Inform the clients/patients of psychologist's licensure status and location, and that he/she possesses an E.Passport
- Inform the clients/patients of any limitations regarding where the psychologist can practice, and how and where the patient can file a complaint
- Notify the patient when there is a conflict of law regarding confidentiality (e.g., duty to warn, duty to report), at the outset of the provision of services [as well as when the incidents arises]
- Comply with any cease and desist order or injunctive relief from a receiving jurisdiction
- Disclose E.Passport status on all promotional/professional materials in the connection with any telepsychological practice
- Comply with all applicable statutory, regulatory, and ethical requirements

Note: Procedures for use may change and are determined by the Mobility Committee

ASPPB MOBILITY PROGRAM E.PASSPORT OVERVIEW

E.Passport Eligibility Requirements

Please note that this guide demonstrates the minimum requirements for the E.Passport and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.

LIC.

- Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- No disciplinary action listed on any psychology license.

EDUCATION

- Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- Transcript must be sent directly to ASPPB from institution granting degree.
- Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are NOT acceptable.
- Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

EPPP

- Completion of the Examination for Professional Practice in Psychology (EPPP).
- If you need assistance in locating the date you took the exam and/or your Candidate ID, please contact the jurisdiction in which you applied for licensure.

MISC.

- Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program
Email: mobility@asppb.org P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*

ASPPB MOBILITY PROGRAM IPC OVERVIEW

Interjurisdictional Practice Certificate (IPC) Info

The IPC promotes standardization in criteria for short-term practice and interjurisdictional mobility by facilitating the process for licensed psychologists to provide short-term psychological services across jurisdictional lines without obtaining an additional license. The IPC also provides more consistent regulation of interjurisdictional practice and allows consumers of psychological services to benefit from regulated interjurisdictional practice. The IPC allows psychologists to provide temporary psychological services in jurisdictions that accept the IPC for at least 30 work days per year without obtaining full licensure in that jurisdiction with proper notification.

Applying for the IPC

Application for the IPC can be made through the ASPPB Mobility Program. Eligibility requirements can be found on Page 2. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the Mobility Program and certificate requirements.

Renewing the IPC

- Renew annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction.
- Failure to renew by the renewal deadline will cause the certificate to expire. The certificate holder may not practice under the certificate while it is expired.

Using the IPC*

- Provide attestations in regard to areas of intended practice and work experience
- Comply with all applicable statutory, regulatory, and ethical requirements
- Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate
- Present certificate status as reflecting the practitioner's basic qualifications and as an additional qualification or as a superior level of psychological qualifications or service

Note: Procedures for use may change and are determined by the Mobility Committee

ASPPB MOBILITY PROGRAM IPC OVERVIEW

IPC Eligibility Requirements

Please note that this guide demonstrates the minimum requirements for the IPC and does not guarantee approval. It is a reference tool to assist you in completing your application. Please make sure to read the ASPPB Mobility Program Policies and Procedures for a comprehensive look at the certificate requirements.

LIC.

- Must have a current and active psychology license, based on a doctoral degree, in at least one ASPPB member jurisdiction.
- No disciplinary action listed on any psychology license.

EDUCATION

- Must have doctoral degree from regionally accredited institution, clearly listed in psychology, that included a minimum of three academic years of full time graduate study.
- Transcript must be sent directly to ASPPB from institution granting degree.
- Must demonstrate a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction. Models that use in person contact for shorter durations throughout a year or models that use video conferencing or other electronic means to meet the residency requirement are NOT acceptable.
- Graduates from non- APA/CPA approved programs must be able to demonstrate a minimum of three graduate semester hours or the equivalent in ALL the following specific substantive areas: scientific and professional ethics and standards; research design and methodology; statistics; psychometric theory; biological bases of behavior; cognitive-affective bases of behavior; social bases of behavior; individual differences; assessment/evaluation; AND treatment/intervention.

MISC.

- Completion of acknowledgments and attestations as required by the Mobility Committee.

*For any additional assistance or information, please contact the ASPPB Mobility Program
Email: mobility@asppb.org P.O. Box 3079, Peachtree City, GA 30269 Phone: 888-201-6360*



PSYPACT Information for Virginia

PRIMARY DRIVERS BEHIND PSYPACT

- A request from the state psychology licensing boards to provide an agreement type mechanism to assist with regulation of telepsychological services.
- The need to ensure the ethical and legal provision of telepsychological services and reduce regulatory barriers while still protecting the public.
- The need to establish consistencies in the regulatory requirements around the provision of temporary in-person, face-to-face psychological services.
- Licensing boards want licensees to be licensed in their state, where the patient and psychologist are located to protect the public.
- Psychologists want to be able to practice in cyber space without being licensed.
- Psychologists want to be able to provide better access to care to clients/ patients through the use of telecommunications technologies.
- It is untenable to require psychologists to be licensed in each state due to cost, etc.
- It is equally unrealistic for regulatory bodies to allow psychologists to practice in their state without some type of oversight.

DEVELOPMENT PROCESS

- A Task Force was created to research and suggest viable solutions to regulate interstate telepsychology.
- The Task Force drafted practical solutions to address this issue. The most promising being a certificate.
- The ASPPB membership provided feedback and requested that the Task Force research the feasibility of creating an agreement among the states.
- The Task Force convened an advisory group made up of members from all areas of the profession of psychology.
- A compact was decided on as the most feasible means to address the needs of the profession.
- The Task Force then became the drafting team to create the compact as well as incorporate all work previously done by the Task Force.
- The draft compact was released for public comment in September of 2014.
- Modifications were done based on feedback received during the public comment period.
- The Psychology Interjurisdictional Compact (PSYPACT) was approved by the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors in February 2015.

COMPACT HIGHLIGHTS

PSYPACT provides a mechanism to allow for the legal, ethical and regulated practice of telepsychology and temporary in-person, face-to-face practice and helps to:

- Facilitate the practice of psychology using telecommunication technologies (telepsychology) across participating state lines through Authorization to Practice Interjurisdictional Telepsychology (unlimited)
- Allow for temporary in-person, face-to-face psychological practice for up to 30 work days per year in each PSYPACT state through Temporary Authorization to Practice

PSYPACT ADDRESSES:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;
5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

ADVANTAGES OF TELEPSYCHOLOGY

- Access to specific professionals with special expertise who may be geographically remote
- Possibility of combining face-to-face and remote care
- Possibility of more frequent therapeutic contacts to assess treatment compliance, progress, etc.
- Access to clients in rural and otherwise less accessible locations
- Extended hours of service, with possibility for consistent and continuous care
- Client may feel less inhibited and more willing to disclose information

POTENTIAL DISADVANTAGES TO CLIENTS

- Some presenting problems may be less appropriate for telepsychology
- Some clients may be less appropriate for telepsychology
- Capacity for crisis intervention may be diminished
- Misunderstandings may arise due to lack of non-verbal cues

BENEFITS OF PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client/patient relocates, etc.
- Certifies that psychologists have met acceptable standards of practice
- Promotes cooperation across PSYPACT states in the area of licensure and regulation
- Offers a higher degree of consumer protection across state lines

CHALLENGES OF PSYPACT

- Needs to be general enough but specific enough since can't change it once adopted
- Not too high of a bar to exclude everyone or too low of a bar to allow everyone
- Degree requirements Masters v. Doctorate
- Does not apply when psychologists are licensed in both Home and Receiving/Distant States
- Does not apply to permanent face to face practice

OTHER LEGISLATION

- Arizona was the first state to enact PSYPACT legislation; AZ HB 2503 on 5/17/2016.
- Utah: UT SB 106 (Enacted on 3/17/2017)
- Nevada: NV AB 429 (Enacted on 5/26/2017)
- Colorado: CO HB 1017 (Enacted on 4/12/2018)
- Nebraska: NE L 1034 (Enacted on 4/23/2018)
- The following states have introduced legislation in 2018:
 - Missouri
 - Rhode Island
 - Illinois

ENDORSEMENTS/SUPPORT

- APA
- APAPO-Practice Organization
- APAGS
- APA Division 42
- APA Division 31
- The Trust
- CAC- Citizen Advocacy Center
- APPIC
- ATA- American Telemedicine Association
- ABPP- American Board of Professional Psychology

The Department of Defense (DoD) has chosen PSYPACT as one of their top 10 initiatives for 2018. The DoD supports PSYPACT for the following reasons:

1. Provides greater access to care for military personnel.
2. Allows psychologists to provide services at various military events such as the DoD Yellow Ribbon Reintegration events.
3. Spouses of military personnel will be able to maintain their client base upon relocation if both are compact states.

PROS OF PSYPACT

1. Allows greater access to care to Virginia citizens in rural or remote areas.
2. Allows Virginia psychologists to provide electronic services to patients in other compact states.
3. Allows Virginia psychologists to provide temporary in-person, face-to-face psychological services in other compact states. For example, a Virginia psychologist in Norfolk could participate in an IEP or school assessment with patient that lived in Moyock, North Carolina.
4. If a Virginia psychologist is seeing a high school age patient who goes off to school in another state, the Virginia psychologist would be able to continue to treat that patient while at he/she is in college in another compact state.
5. Virginia psychologists would be able to continue to treat patients who temporarily relocate to another compact state for work, who go on an extended vacation or spend half their time in another compact state (i.e. "snowbirds").
6. Virginia psychologists with expertise could expand their clinical, forensic or consulting practice to neighboring or distant compact states without having obtain another psychological license.

CONS OF PSYPACT

1. Perception that psychologists outside of Virginia would electronically come in and see all Virginia patients, which would deprive Virginia psychologists of seeing those patients. While we believe some psychologists in other compact states practicing under the authority of PSYPACT could see Virginia patients via telepsychology, it is not anticipated that these psychologists will significantly impact the number of patients available to be seen by psychologists licensed in Virginia. Additionally, through the enactment of PSYPACT, Virginia psychologists will also have the ability to treat patients in other compact states.

2. Psychologists with substandard qualifications will come into Virginia to practice. PSYPACT ensures that only psychologists with no criminal or disciplinary history will be allowed to practice under the authority of PSYPACT. Through the E.Passport and IPC certifications, ASPPB will vet psychologists who want to participate in PSYPACT to ensure they meet the criteria agreed upon by the compact states. In addition, Virginia already participates with the ASPPB CPQ (Certificate of Professional Qualifications) program, which facilitates mobility and portability of licensure. By Virginia accepting CPQ applicants for licensure (through endorsement), the board is saying those psychologists who are licensed in another jurisdiction meet the qualifications for licensure in Virginia.
3. Cost to the state to participate in the compact. The anticipated cost for a state to participate in the compact is estimated to be between \$3,000 to \$6,000; however, final fees will be determined by the PSYPACT Commission. This will primarily pay for some administrative costs and provide travel expenses for the Virginia Commissioner to attend PSYPACT Commission meetings. This fee is consistent to what other compacts charge participating states.

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day to day practice of telepsychology (i.e. the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state;

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions and disciplinary history;

5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

ARTICLE II

DEFINITIONS

- A. “Adverse Action” means: Any action taken by a State Psychology Regulatory Authority which finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.
- B. “Association of State and Provincial Psychology Boards (ASPPB)” means: the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.
- C. “Authority to Practice Interjurisdictional Telepsychology” means: a licensed psychologist’s authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.
- D. “Bylaws” means: those Bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Section X for its governance, or for directing and controlling its actions and conduct.
- E. “Client/Patient” means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.
- F. “Commissioner” means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Section X.
- G. “Compact State” means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.
- H. “Coordinated Licensure Information System” also referred to as “Coordinated Database” means: an integrated process for collecting, storing, and sharing information on psychologists’ licensure and enforcement activities related to psychology licensure laws,

which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.

- I. “Confidentiality” means: the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.
- J. “Day” means: any part of a day in which psychological work is performed.
- K. “Distant State” means: the Compact State where a psychologist is physically present (not through the use of telecommunications technologies), to provide temporary in-person, face-to-face psychological services.
- L. “E.Passport” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.
- M. “Executive Board” means: a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- N. “Home State” means: a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.
- O. “Identity History Summary” means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

- P. “In-Person, Face-to-Face” means: interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.
- Q. “Interjurisdictional Practice Certificate (IPC)” means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one’s qualifications for such practice.
- R. “License” means: authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.
- S. “Non-Compact State” means: any State which is not at the time a Compact State.
- T. “Psychologist” means: an individual licensed for the independent practice of psychology.
- U. “Psychology Interjurisdictional Compact Commission” also referred to as “Commission” means: the national administration of which all Compact States are members.
- V. “Receiving State” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- W. “Rule” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Section XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.
- X. “Significant Investigatory Information” means:
1. investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if

required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

2. investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.
- Y. “State” means: a state, commonwealth, territory, or possession of the United States, the District of Columbia.
- Z. “State Psychology Regulatory Authority” means: the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.
- AA. “Telepsychology” means: the provision of psychological services using telecommunication technologies.
- BB. “Temporary Authorization to Practice” means: a licensed psychologist’s authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.
- CC. “Temporary In-Person, Face-to-Face Practice” means: where a psychologist is physically present (not through the use of telecommunications technologies), in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

ARTICLE III

HOME STATE LICENSURE

- A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.
- B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.
- D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.
- E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:
 - 1. Currently requires the psychologist to hold an active E.Passport;
 - 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
 - 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
 - 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or

other designee with similar authority, no later than ten years after activation of the Compact; and

5. Complies with the Bylaws and Rules of the Commission.
- F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:
1. Currently requires the psychologist to hold an active IPC;
 2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
 3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
 4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation FBI, or other designee with similar authority, no later than ten years after activation of the Compact; and
 5. Complies with the Bylaws and Rules of the Commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

- A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.
- B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
 - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
 - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;
 - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
 - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 4. Have no history of adverse action that violate the Rules of the Commission;
 5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
 6. Possess a current, active E.Passport;
 7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.
- C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.
 - D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.
 - E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

- A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.
- B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:
1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
 - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
 - b. A foreign college or university deemed to be equivalent to 1 (a) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
 2. Hold a graduate degree in psychology that meets the following criteria:
 - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
 - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
 - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

- d. The program must consist of an integrated, organized sequence of study;
 - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
 - f. The designated director of the program must be a psychologist and a member of the core faculty;
 - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
 - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
 - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;
 - j. The program includes an acceptable residency as defined by the Rules of the Commission.
3. Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State;
 4. No history of adverse action that violate the Rules of the Commission;
 5. No criminal record history that violates the Rules of the Commission;
 6. Possess a current, active IPC;
 7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
 8. Meet other criteria as defined by the Rules of the Commission.

- C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.
- D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.
- E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

- A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:
1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;
 2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

ARTICLE VII

ADVERSE ACTIONS

- A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.
- B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.
- C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.
1. All Home State disciplinary orders which impose adverse action shall be reported to the Commission in accordance with the Rules promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.
 2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
 3. Other actions may be imposed as determined by the Rules promulgated by the Commission.
- D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

- E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice which occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

- F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law. Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

- G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C, above.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

- A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:
1. Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for the attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
 2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
 3. During the course of any investigation, a psychologist may not change his/her Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his/her Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or

disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

- A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.
- B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:
1. Identifying information;
 2. Licensure data;
 3. Significant investigatory information;
 4. Adverse actions against a psychologist's license;
 5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
 6. Non-confidential information related to alternative program participation information;
 7. Any denial of application for licensure, and the reasons for such denial; and
 8. Other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission.
- C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

- D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

- E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

- A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.
1. The Commission is a body politic and an instrumentality of the Compact States.
 2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- B. Membership, Voting, and Meetings
1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:
 - a. Executive Director, Executive Secretary or similar executive;
 - b. Current member of the State Psychology Regulatory Authority of a Compact State;
OR
 - c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.
 2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in

- the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.
3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.
 4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaws.
 5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.
 6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:
 - a. Non-compliance of a Compact State with its obligations under the Compact;
 - b. The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - c. Current, threatened, or reasonably anticipated litigation against the Commission;
 - d. Negotiation of contracts for the purchase or sale of goods, services or real estate;
 - e. Accusation against any person of a crime or formally censuring any person;
 - f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
 - g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

- h. Disclosure of investigatory records compiled for law enforcement purposes;
 - i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or
 - j. Matters specifically exempted from disclosure by federal and state statute.
 - 7. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Commission or order of a court of competent jurisdiction.
- C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:
- 1. Establishing the fiscal year of the Commission;
 - 2. Providing reasonable standards and procedures:
 - a. for the establishment and meetings of other committees; and
 - b. governing any general or specific delegation of any authority or function of the Commission;
 - 3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an

- opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
 5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;
 6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;
 7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
 8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;
 9. The Commission shall maintain its financial records in accordance with the Bylaws;
and
 10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;
7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;

11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of six members:
 - a. Five voting members who are elected from the current membership of the Commission by the Commission;
 - b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:

- a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
- b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
- c. Prepare and recommend the budget;
- d. Maintain financial records on behalf of the Commission;
- e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
- f. Establish additional committees as necessary; and
- g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.
4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State.

5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

G. Qualified Immunity, Defense, and Indemnification

1. The members, officers, Executive Director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.
2. The Commission shall defend any member, officer, Executive Director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.
3. The Commission shall indemnify and hold harmless any member, officer, Executive Director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission

employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE XI
RULEMAKING

- A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

- B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.

- C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

- D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:
 - 1. On the website of the Commission; and

 - 2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

- E. The Notice of Proposed Rulemaking shall include:
 - 1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

 - 2. The text of the proposed rule or amendment and the reason for the proposed rule;

 - 3. A request for comments on the proposed rule from any interested person; and

 - 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

- F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.
- G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
 - 1. At least twenty-five (25) persons who submit comments independently of each other;
 - 2. A governmental subdivision or agency; or
 - 3. A duly appointed person in an association that has having at least twenty-five (25) members.
- H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.
 - 1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.
 - 2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
 - 3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
 - 4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

- I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.
- L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
 - 1. Meet an imminent threat to public health, safety, or welfare;
 - 2. Prevent a loss of Commission or Compact State funds;
 - 3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
 - 4. Protect public health and safety.
- M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule.

A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION AND ENFORCEMENT

A. Oversight

1. The Executive, Legislative and Judicial branches of state government in each Compact State shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.
2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.
3. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

B. Default, Technical Assistance, and Termination

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:
 - a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and
 - b. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to remedy the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the Compact States, and all rights, privileges and benefits conferred by this Compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.
3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.
4. A Compact State which has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.
5. The Commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.
6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the Compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

C. Dispute Resolution

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.
2. By majority vote, the Commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the Compact has its principal offices against a Compact State in default to enforce compliance with the provisions of the Compact and its promulgated Rules and Bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

- A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.
- B. Any state which joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule which has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.
- C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.
 - 1. A Compact State's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.
 - 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.
- D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.

- E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. If this Compact shall be held contrary to the constitution of any state member thereto, the Compact shall remain in full force and effect as to the remaining Compact States.

Board of Psychology
Report of 2018 General Assembly

HB 226 Patients; medically or ethically inappropriate care not required.

Chief patron: Stolle

Summary as passed:

Medically or ethically inappropriate care not required. Establishes a process whereby a physician may cease to provide health care that has been determined to be medically or ethically inappropriate for a patient. This bill is identical to SB 222.

03/19/18 Governor: Acts of Assembly Chapter text (CHAP0368)

HB 363 Sexual orientation change efforts; prohibited as training for certain health care providers, etc.

Chief patron: Hope

Summary as introduced:

Sexual orientation change efforts prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in sexual orientation change efforts with any person under 18 years of age. The bill defines "sexual orientation change efforts" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Sexual orientation change efforts" does not include counseling that provides assistance to a person undergoing gender transition or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity. The bill provides that no state funds shall be expended for the purpose of conducting sexual orientation change efforts, referring a person for sexual orientation change efforts, extending health benefits coverage for sexual orientation change efforts, or awarding a grant or contract to any entity that conducts sexual orientation change efforts or refers individuals for sexual orientation change efforts.

02/02/18 House: Subcommittee recommends passing by indefinitely (4-Y 2-N)

02/13/18 House: Left in Health, Welfare and Institutions

HB 614 Social work; practice.

Chief patron: Price

Summary as introduced:

Practice of social work. Provides that the Board of Social Work may license baccalaureate social workers, master's social workers, and clinical social workers, as those terms are defined, and may register persons proposing to obtain supervised post-degree experience in the practice of social work.

03/23/18 Governor: Acts of Assembly Chapter text (CHAP0451)

HB 697 Professional counselors; requirements for licensure, supervision of applicants.

Chief patron: Miyares

Summary as introduced:

Licensure of professional counselors; requirements for licensure; supervision. Provides that requirements of the Board of Counseling related to supervision of applicants for licensure as a professional counselor shall not require more than 2,400 hours of supervision to be eligible for licensure.

02/01/18 House: Stricken from docket by Health, Welfare and Institutions (21-Y 0-N)

HB 793 Nurse practitioners; practice agreements.

Chief patron: Robinson

Summary as passed:

Nurse practitioners; practice agreements. Eliminates the requirement for a practice agreement with a patient care team physician for a licensed nurse practitioner who has completed the equivalent of at least five years of full-time clinical experience and submitted an attestation from his patient care team physician stating (i) that the patient care team physician has served as a patient care team physician on a patient care team with the nurse practitioner pursuant to a practice agreement; (ii) that while a party to such practice agreement, the patient care team physician routinely practiced with a patient population and in a practice area included within the category for which the nurse practitioner was certified and licensed; and (iii) the period of time for which the patient care team physician practiced with the nurse practitioner under such a practice agreement. The bill requires that a nurse practitioner authorized to practice without a practice agreement (a) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (b) consult and collaborate with other health care providers based on the clinical conditions of the patient to whom health care is provided, and (c) establish a plan for referral of complex medical cases and emergencies to physicians or other appropriate health care providers. The bill requires

A oil, respectively. As introduced, this bill was a recommendation of the Joint Commission on Health Care. The bill contains an emergency clause. This bill is identical to SB 726.

EMERGENCY

03/09/18 Governor: Acts of Assembly Chapter text (CHAP0246)

HB 1383 Marriage and family therapy; clarifies definition, adds appraisal.

Chief patron: Rodman

Summary as introduced:

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

03/19/18 Governor: Acts of Assembly Chapter text (CHAP0375)

HB 1510 Professions & occupations; recognizing licenses/certificates issued by Commonwealth of Puerto Rico.

Chief patron: Simon

Summary as introduced:

Professions and occupations; reciprocity. Directs the Department of Professional and Occupational Regulation and the Department of Health Professions to promulgate regulations recognizing licenses or certificates issued by the Commonwealth of Puerto Rico as full fulfillment of qualifications for licensure or certification in the Commonwealth. The provisions of the bill expire on July 1, 2021.

02/13/18 House: Left in Appropriations

SB 245 Conversion therapy; prohibited by certain health care providers.

Chief patron: Surovell

Summary as introduced:

Conversion therapy prohibited. Prohibits any health care provider or person who performs counseling as part of his training for any profession licensed by a regulatory board of the Department of Health Professions from engaging in conversion therapy with any person under 18 years of age. The bill defines "conversion therapy" as any practice or treatment that seeks to change an individual's sexual orientation or gender identity, including efforts to change

(1) the Boards of Medicine and Nursing to jointly promulgate regulations governing the practice of nurse practitioners without a practice agreement; (2) the Department of Health Professions, by November 1, 2020, to report to the General Assembly a process by which nurse practitioners who practice without a practice agreement may be included in the online Practitioner Profile maintained by the Department of Health Professions; and (3) the Boards of Medicine and Nursing to report information related to the practice of nurse practitioners without a practice agreement that includes certain data, complaints and disciplinary actions, and recommended modifications to the provisions of this bill to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health and the Chairman of the Joint Commission on Health Care by November 1, 2021.

04/04/18 Governor: Acts of Assembly Chapter text (CHAP0776)

HB 1114 Professional and occupational regulation; authority to suspend or revoke licenses, certificates.

Chief patron: VanValkenburg

Summary as introduced:

Professional and occupational regulation; authority to suspend or revoke licenses, certificates, registrations, or permits; default or delinquency of education loan or scholarship. Provides that the Department of Professional and Occupational Regulation, the Department of Health Professions, the Board of Accountancy, and the Board of Education shall not be authorized to suspend or revoke the license, certificate, registration, permit, or authority it has issued to any person who is in default or delinquent in the payment of a federal-guaranteed or state-guaranteed educational loan or work-conditional scholarship solely on the basis of such default or delinquency.

03/05/18 Governor: Acts of Assembly Chapter text (CHAP0170)

HB 1251 CBD oil and THC-A oil; certification for use, dispensing.

Chief patron: Cline

Summary as passed:

CBD oil and THC-A oil; certification for use; dispensing. Provides that a practitioner may issue a written certification for the use of cannabidiol (CBD) oil or THC-A oil for the treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use. Under current law, a practitioner may only issue such certification for the treatment or to alleviate the symptoms of intractable epilepsy. The bill increases the supply of CBD oil or THC-A oil a pharmaceutical processor may dispense from a 30-day supply to a 90-day supply. The bill reduces the minimum amount of cannabidiol or tetrahydrocannabinol acid per milliliter for a dilution of the Cannabis plant to fall under the definition of CBD oil or THC-

behaviors or gender expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. "Conversion therapy" does not include counseling that provides assistance to a person undergoing gender transition, or counseling that provides acceptance, support, and understanding of a person or facilitates a person's coping, social support, and identity exploration and development, including sexual-orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change an individual's sexual orientation or gender identity. The bill provides that no state funds shall be expended for the purpose of conducting conversion therapy, referring a person for conversion therapy, extending health benefits coverage for conversion therapy, or awarding a grant or contract to any entity that conducts conversion therapy or refers individuals for conversion therapy.

01/18/18 Senate: Passed by indefinitely in Education and Health (8-Y 7-N)

SB 417 Community health worker; VDH to approve one or more entities to certify workers in the Commonwealth.

Chief patron: Barker

Summary as passed Senate:

Community health workers; certification. Requires the Department of Health to approve one or more entities to certify community health workers in the Commonwealth and prohibits a person from using or assuming the title of certified community health worker unless he is certified by an entity approved by the Department.

02/27/18 House: Subcommittee recommends passing by indefinitely (4-Y 2-N)

03/06/18 House: Left in Health, Welfare and Institutions

SB 762 BHDS, State Board of; definition of "licensed mental health professional."

Chief patron: Barker

Summary as passed Senate:

Board of Behavioral Health and Developmental Services; definition of "licensed mental health professional." Directs the State Board of Behavioral Health and Developmental Services (State Board) to amend regulations governing licensure of providers of behavioral health services to include behavior analysts in the definition of "licensed mental health professional." The bill directs the State Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of its enactment.

03/30/18 Governor: Acts of Assembly Chapter text (CHAP0572)

Commonwealth of Virginia



REGULATIONS
GOVERNING THE PRACTICE OF
PSYCHOLOGY

VIRGINIA BOARD OF PSYCHOLOGY

Title of Regulations: 18 VAC 125-20-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 36 of Title 54.1
of the *Code of Virginia***

Revised Date: April 4, 2018

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

Phone: (804) 367-4697
FAX: (804) 527-4435
psy@dhp.virginia.gov

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
Part I. General Provisions.....	3
18VAC125-20-10. Definitions.....	3
18VAC125-20-20. [Repealed]	4
18VAC125-20-30. Fees required by the board.	4
Part II. Requirements for Licensure.	4
18VAC125-20-40. General requirements for licensure.	4
18VAC125-20-41. Requirements for licensure by examination.....	4
18VAC125-20-42. Prerequisites for licensure by endorsement.....	5
18VAC125-20-43. Requirements for licensure as a school psychologist-limited.	6
18VAC125-20-50 to 18VAC125-20-53. [Repealed]	7
18VAC125-20-54. Education requirements for clinical psychologists.	7
18VAC125-20-55. Education requirements for applied psychologists.....	9
18VAC125-20-56. Education requirements for school psychologists.....	10
18VAC125-20-60. [Repealed]	11
18VAC125-20-65. Supervised experience.....	11
18VAC125-20-70. [Repealed]	13
Part III. Examinations.	13
18VAC125-20-80. General examination requirements.	13
18VAC125-20-90 to 18VAC125-20-110. [Repealed]	13
Part V. Licensure Renewal; Reinstatement.....	13
18VAC125-20-120. Annual renewal of licensure.....	13
18VAC125-20-121. Continuing education course requirements for renewal of an active license.	13
18VAC125-20-122. Continuing education providers.	14
18VAC125-20-123. Documenting compliance with continuing education requirements.	15
18VAC125-20-130. Late renewal; reinstatement; reactivation.	16
18VAC125-20-140. [Repealed]	16
Part VI. Standards of Practice; Unprofessional Conduct; Disciplinary Actions; Reinstatement.	16
18VAC125-20-150. Standards of practice.	16
18VAC125-20-160. Grounds for disciplinary action or denial of licensure.....	18
18VAC125-20-170. Reinstatement following disciplinary action.....	18

Part I. General Provisions.

18VAC125-20-10. Definitions.

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

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"Board" means the Virginia Board of Psychology.

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

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques, and populations served, for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"Internship" means an ongoing, supervised and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"NASP" means the National Association of School Psychologists.

"NCATE" means the National Council for the Accreditation of Teacher Education.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Professional psychology program" means an integrated program of doctoral study designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the United States Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"School psychologist-limited" means a person licensed pursuant to §54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

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

"Supervisor" means an individual who assumes full responsibility for the education and training activities of a person and provides the supervision required by such a person.

18VAC125-20-20. [Repealed]

18VAC125-20-30. Fees required by the board.

A. The board has established fees for the following:

	Clinical psychologists Applied psychologists School psychologists	School psychologists- limited
1. Registration of residency (per residency request)	\$50	
2. Add or change supervisor	\$25	
3. Application processing and initial licensure	\$200	\$85
4. Annual renewal of active license	\$140	\$70
5. Annual renewal of inactive license	\$70	\$35
6. Late renewal	\$50	\$25
7. Verification of license to another jurisdiction	\$25	\$25
8. Duplicate license	\$5	\$5
9. Additional or replacement wall certificate	\$15	\$15
10. Returned check	\$35	\$35
11. Reinstatement of a lapsed license	\$270	\$125
12. Reinstatement following revocation or suspension	\$500	\$500

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

C. Between May 1, 2018 and June 30, 2018, the following renewal fees shall be in effect:

1. For an active license as a clinical, applied or school psychologist, it shall be \$84. For an inactive license as a clinical, applied or school psychologist, it shall be \$42.
2. For an active license as a school psychologist-limited, it shall be \$42. For an inactive license as a school psychologist-limited, it shall be \$21.

Part II. Requirements for Licensure.

18VAC125-20-40. General requirements for licensure.

Individuals licensed in one licensure category who wish to practice in another licensure category shall submit an application for the additional licensure category in which the licensee seeks to practice.

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

A. Every applicant for examination for licensure by the board shall:

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

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained. Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55 or 18VAC125-20-56; and

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

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination must achieve a passing score on the Examination for Professional Practice of Psychology.

C. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

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

Every applicant for licensure by endorsement shall submit:

1. A completed application;

2. The application processing fee prescribed by the board;

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

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

5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
 - a. A current listing in the National Register of Health Service Psychologists;
 - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
 - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
 - d. Ten years of active licensure in a category comparable to the one in which licensure is sought, with an appropriate degree as required in this chapter documented by an official transcript; or
 - e. If less than 10 years of active licensure, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience and examination requirements set forth in this chapter for the category in which licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following:
 - (1) Documentation of post-licensure active practice for at least 24 of the last sixty months immediately preceding licensure application;
 - (2) Verification of a passing score on the Examination for Professional Practice of Psychology as established in Virginia for the year of that administration; and
 - (3) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

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

- A. Every applicant for licensure as a school psychologist-limited shall submit to the board:
 1. A copy of a current license issued by the Board of Education showing an endorsement in psychology.
 2. An official transcript showing completion of a master's degree in psychology.
 3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.
 4. The application fee.
- B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.

18VAC125-20-50 to 18VAC125-20-53. [Repealed]

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

A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by the APA in clinical or counseling psychology within four years after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a doctorate from an APA accredited program, the applicant shall hold a doctorate from a professional psychology program which documents that it offers education and training which prepares individuals for the practice of clinical psychology as defined in §54.1-3600 of the Code of Virginia and which meets the following criteria:

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

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

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

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

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

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences in assessment and diagnosis, psychotherapy, consultation and supervision. The practicum shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65 B, in the pre-doctoral practicum supervised experience that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program, which meets the criteria specified in subsections A or B of this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment/intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill the all or part of the residency requirement, the following shall apply:

- a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;
 - b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and
 - c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.
4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.
 5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.
 6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

18VAC125-20-55. Education requirements for applied psychologists.

- A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university which meets the following criteria:
 1. The program is within an institution of higher education accredited by an accrediting agency recognized by the United States Department of Education, or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board which demonstrates that the program meets the requirements set forth in this chapter.
 2. The program shall be recognizable as an organized entity within the institution.
 3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.
 4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.
 5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas.

- a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).
- b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).
- c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).
- d. Psychological measurement.
- e. Research methodology.
- f. Techniques of data analysis.
- g. Professional standards and ethics.

B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter hours in a concentrated program of study in an identified area of psychology, e.g., developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personnel selection and evaluation, program planning and evaluation, teaching, research or consultation.

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

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

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

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

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

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program, and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate

professional role models and engage in actions that promote the student's acquisition of knowledge, skills and competencies consistent with the program's training goals.

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

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

a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

b. Educational foundations (e.g., instructional design, organization and operation of schools).

c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies (e.g., research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences which shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

18VAC125-20-60. [Repealed]

18VAC125-20-65. Supervised experience.

A. Internship requirement.

1. Candidates for clinical psychologist licensure shall have successfully completed an internship that is either accredited by APA, APPIC₂ or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards.

2. Candidates for school psychologist licensure shall have successfully completed an internship accredited by the APA, APPIC or NASP or one that meets equivalent standards.

B. Residency requirement.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to begin a residency
2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56. An individual who proposes to obtain supervised post-degree experience in Virginia shall, prior to the onset of such supervision, submit a supervisory contract along with the application package and pay the registration of supervision fee set forth in 18VAC125-20-30.
3. There shall be a minimum of two hours of individual supervision per week. Group supervision of up to five residents may be substituted for one of the two hours per week on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per week.
4. Residents may not refer to or identify themselves as applied psychologists, clinical psychologists, or school psychologists; independently solicit clients; bill for services; or in any way represent themselves as licensed psychologists. Notwithstanding the above, this does not preclude supervisors or employing institutions for billing for the services of an appropriately identified resident. During the residency period they shall use their names, the initials of their degree, and the title, "Resident in Psychology," in the licensure category in which licensure is sought.
5. Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure.
6. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence, nor for activities for which the applicant has not had appropriate education and training.
7. At the end of the residency training period, the supervisor or supervisors shall submit to the board a written evaluation of the applicant's performance.
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 supervisors.

C. For a clinical psychologist license, a candidate may submit evidence of having met the supervised experience requirements in a pre-doctoral practicum as specified in 18VAC125-20-54 D in substitution for all or part of the 1,500 residency hours specified in this section. If the supervised experience hours completed in a practicum do not total 1,500 hours, a person may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

D. Candidates for clinical psychologist licensure shall provide documentation that the internship and residency included appropriate emphasis and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

18VAC125-20-70. [Repealed]

Part III. Examinations.

18VAC125-20-80. General examination requirements.

A. An applicant for clinical or school psychologist licensure enrolled in an approved residency training program required in 18VAC125-20-65 who has met all requirements for licensure except completion of that program shall be eligible to take the national written examinations.

B. A candidate approved by the board to sit for an examination shall take that examination within two years of the date of the initial board approval. If the candidate has not taken the examination by the end of the two-year period here prescribed, the applicant shall reapply according to the requirements of the regulations in effect at that time.

C. The board shall establish passing scores on the examination.

18VAC125-20-90 to 18VAC125-20-110. [Repealed]

Part V. Licensure Renewal; Reinstatement.

18VAC125-20-120. Annual renewal of licensure.

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.

2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. No person shall practice psychology in Virginia unless he holds a current active license. An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.

4. Licensees shall notify the board office in writing of any change of address of record or of the public address, if different from the address of record. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.

18VAC125-20-121. Continuing education course requirements for renewal of an active license.

A. Licensees shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for annual licensure renewal. A minimum of 1.5 of these hours shall be in courses that emphasize the ethics, laws, and regulations governing the profession of psychology, including the standards of practice set out in 18VAC125-20-150. A licensee who completes continuing education hours in excess of the 14 hours may carry up to seven hours of continuing education credit forward to meet the requirements for the next annual renewal cycle.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in 18VAC125-20-122.

1. At least six of the required hours shall be earned in face-to-face or real-time interactive educational experiences. Real-time interactive shall include a course in which the learner has the opportunity to interact with the presenter and participants during the time of the presentation.

2. The board may approve up to four hours per renewal cycle for specific educational experiences to include:

a. Preparation for or presentation of a continuing education program, seminar, workshop or course offered by an approved provider and directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the presentation is given, and may not be credited toward the face-to-face requirement.

b. Publication of an article or book in a recognized publication directly related to the practice of psychology. Hours may only be credited one time, regardless of the number of times the writing is published, and may not be credited toward the face-to-face requirement.

3. The board may approve up to two hours per renewal cycle for membership on a state licensing board in psychology.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

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

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

18VAC125-20-122. Continuing education providers.

A. The following organizations, associations or institutions are approved by the board to provide continuing education:

1. Any psychological association recognized by the profession or providers approved by such an association.
2. Any association or organization of mental health, health or psychoeducational providers recognized by the profession or providers approved by such an association or organization.
3. Any association or organization providing courses related to forensic psychology recognized by the profession or providers approved by such an association or organization.
4. Any regionally accredited institution of higher learning. A maximum of 14 hours will be accepted for each academic course directly related to the practice of psychology.
5. Any governmental agency or facility that offers mental health, health or psychoeducational services.
6. Any licensed hospital or facility that offers mental health, health or psychoeducational services.
7. Any association or organization that has been approved as a continuing competency provider by a psychology board in another state or jurisdiction.

B. Continuing education providers approved under subsection A of this section shall:

1. Maintain documentation of the course titles and objectives and of licensee attendance and completion of courses for a period of four years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course.

18VAC125-20-123. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of four years.

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. Official transcripts showing credit hours earned from an accredited institution; or
2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure, is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18VAC125-20-130. Late renewal; reinstatement; reactivation.

A. A person whose license has expired may renew it within one year after its expiration date by paying the penalty fee prescribed in 18VAC125-20-30 and the license renewal fee for the year the license was not renewed.

B. A person whose license has not been renewed for one year or more and who wishes to resume practice shall:

1. Present evidence to the board of having met all applicable continuing education requirements equal to the number of years the license has lapsed, not to exceed four years;

2. Pay the reinstatement fee as prescribed in 18VAC125-20-30; and

3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

18VAC125-20-140. [Repealed]

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

18VAC125-20-150. Standards of practice.

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity and worth of all people, and are mindful of individual differences.

B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their employees, supervisees, residents and research assistants only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use;

2. When making public statements regarding credentials, published findings, directory listings, curriculum vitae, etc., ensure that such statements are neither fraudulent nor misleading;

3. Neither accept nor give commissions, rebates or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
4. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;
5. Avoid harming patients or clients, research participants, students and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. Not exploit or mislead people for whom they provide professional services. Be alert to and guard against misuse of influence;
6. Avoid dual relationships with patients, clients, residents or supervisees that could impair professional judgment or compromise their well-being (to include but not limited to treatment of close friends, relatives, employees);
7. Withdraw from, adjust or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards;
8. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Since sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no exploitation;
9. Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under §32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose;
10. Make reasonable efforts to provide for continuity of care when services must be interrupted or terminated;
11. Inform clients of professional services, fees, billing arrangements and limits of confidentiality before rendering services. Inform the consumer prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment. Avoid bartering goods and services. Participate in bartering only if it is not clinically contraindicated and is not exploitative;
12. Construct, maintain, administer, interpret and report testing and diagnostic services in a manner and for purposes which are appropriate;
13. Keep pertinent, confidential records for at least five years after termination of services to any consumer;

14. Design, conduct and report research in accordance with recognized standards of scientific competence and research ethics; and

15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology.

18VAC125-20-160. Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring of a license by fraud or misrepresentation;
3. Misuse of drugs or alcohol to the extent that it interferes with professional functioning;
4. Negligence in professional conduct or violation of practice standards including but not limited to this chapter;
5. Performing functions outside areas of competency;
6. Mental, emotional, or physical incompetence to practice the profession;
7. Failure to comply with the continued competency requirements set forth in this chapter; or
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.

18VAC125-20-170. Reinstatement following disciplinary action.

A. Any person whose license has been revoked by the board under the provisions of 18VAC125-20-160 may, three years subsequent to such board action, submit a new application to the board for reinstatement of licensure. The board in its discretion may, after a hearing, grant the reinstatement.

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