

**Call to Order – J.D. Ball, Ph.D, Committee Chair**

- Welcome and Introductions/Roll Call
- Mission of the Board-----Page 2
- Emergency Egress Procedures

**Approval of Minutes**

- Regulatory Committee Meeting – August 30, 2021\*-----Page 3

**Ordering of Agenda**

**Public Comment**

*The Committee will receive public comment related to agenda items at this time. The Committee 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.*

**Chair Report – Dr. Ball**

- Psychological Clinical Science Accreditation System (PCSAS) Announcement
- Presentation to Virginia Academy of Clinical Psychologists

**Unfinished Business**

- Update on Social Media Guidance Document – Dr. Ball/Erin Barrett, JD, DHP Sr. Policy Analyst-----Page 7
- Update on EPPP Part 2 - Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work
- Update Master’s level psychologists
  - Examples of Licensure/Certification in Other States – Jaime Hoyle -----Page 11
  - APA Commission on Accreditation – Peter Sheras, Ph.D

**New Business**

- Consideration of Petition for Rulemaking\* – Elaine Yeatts, DHP Sr. Policy Analyst-----Page 13
- Discussion of Email on Model Policies for the Treatment of Transgender Students in Virginia’s Public Schools – Elaine Yeatts-----Page 22

**Next Meeting – June 27, 2022**

\*Requires a Committee Vote



Virginia Department of  
**Health Professions**  
Board of Psychology

## **MISSION STATEMENT**

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

**VIRGINIA BOARD OF PSYCHOLOGY  
REGULATORY COMMITTEE  
DRAFT MEETING MINUTES  
August 30, 2021**

**TIME AND PLACE:** Dr. Ball, called the meeting to order at 1:03 p.m. on Thursday, February 7, 2020, in Board Room 4 at the Department of Health Professions (“DHP”), 9960 Mayland Drive, Henrico, Virginia.

**PRESIDING OFFICER:** J.D. Ball, Ph.D., ABPP, Regulatory Committee Chair

**MEMBERS PRESENT:** Christine Payne, BSN, MBA  
James Werth, Jr. Ph.D., ABPP

**STAFF PRESENT:** Jaime Hoyle, JD, Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Deputy Executive Director – Licensing  
Elaine Yeatts, DHP Senior Policy Analyst

**CALL TO ORDER:** Dr. Ball called the meeting to order at 1:03 p.m.

After completing a roll call of Board members and staff, Ms. Hoyle indicated that a quorum was established.

**APPROVAL OF MINUTES:** Ms. Payne made a motion, which was properly seconded, to approve the April 12, 2021 Regulatory Committee Meeting minutes. The motion carried unanimously.

Dr. Ball and Dr. Werth requested changes to the Stakeholder Meeting minutes. Staff will make the recommended changes and provide an updated version at the Quarterly Board meeting.

**ORDERING OF AGENDA:** Dr. Ball stated that the legislative and regulatory report will be moved to the beginning of the meeting in addition to adding a discussion on the periodic review of the Regulations Governing Delegation to an Agency Subordinate. Additionally, the Committee will add an item related to PSYPACT Regulations requiring APA education to the agenda.

**PUBLIC COMMENT PERIOD:** There was no public comment.

**CHAIR REPORT:** No Report.

**LEGISLATIVE AND REGULATIONS REPORT:** Chart of Regulatory Actions  
Ms. Yeatts discussed the chart on regulatory actions as presented in agenda packet.

Periodic review of the Regulations Delegation to an Agency Subordinate

Ms. Yeatts and Ms. Lang provided information on the use of Agency Subordinates.

**Motion:** *Dr. Werth moved, which was properly seconded, to recommend to the full Board that the Regulations Governing Delegation to an Agency Subordinate be continued without amendment. The motion passed unanimously.*

#### **UNFINISHED BUSINESS:**

##### **Report on Stakeholder Meeting**

Dr. Ball provided a summary of the Stakeholders' meeting with Psychology Training Director on Licensure Matters as provided in the agenda.

##### **ASPPB Development of the EPPP- Part 2/ Skills Examination**

After a lengthy discussion on the possible adoption of the EPPP- Part 2 skills examination requirement, the Committee decided to table the decision until such time as the Committee can review additional ASPPB EPPP-Part 2 testing data (particularly examinee pass/fail rates).

Action item: Once ASPPB releases the data, the Committee will review the discriminatory EPP- Part 2 pass/fail data of examinees from the early-adopter states.

##### **Psychological Clinical Science Accreditation System (PCSAS) Accreditation**

After a long discussion, the Committee decided that, in order to consider whether the PCSAS accreditation body (PSAC) should be a Board approved accredited agency, the Committee will need to receive and review a copy of the written accreditation requirements for PCSAS programs that have been standardized across all programs. It will also be worthwhile for the entire Board to hear arguments on this matter from PCSAS doctoral program representatives in Virginia.

Action item: Invite PCSAC representatives to present and provide written accreditation requirements for PCSAS programs for the Committee's review.

##### **Master's level psychology license**

The Committee discussed the possibility of a limited license for master's level psychologists. After a lengthy discussion, the Committee agreed to begin researching and discussing possible title, practice guidelines, examination and training criteria needed in order to consider a master's level license.

Action item:

Staff to research and provide the Committee a summary of models/requirements of master's level psychology licensure in other states.

Break:

The Board took a break at 3:00 p.m. and resumed at 3:14 p.m.

#### **Guidance Document on Social Media**

Dr. Ball indicated that he modified the working draft guidance document on social media after receiving comments from Dr. Brown and other Board members. Dr. Ball stated that he send the working draft to the Virginia Academy of Clinical Psychologist (VACP) for their input. VACP thought it was helpful and straight forward and had no concerns.

***Motion:*** *Dr. Werth made a motion that was properly seconded to approve the draft document as presented and move it forward to be reviewed by the full Board and staff. Board members and staff should provide their feedback prior to the next Committee meeting in December. The motion passed unanimously.*

#### **PSYPACT**

The Committee discussed the controversy over PSYPACT rules requiring licensees to provide evidence of graduating from an APA accredited university.

This rule disenfranchises three different groups licensed by the Board:

- Senior psychologists licensed prior to APA accreditation of doctoral programs (1985);
- Industrial Organizational (IO) Psychologists; and
- Those licensed under the endorsement section of Board regulations who did graduate from an APA accredited (or equivalent) school.

The PSYPACT Commission has indicated that they will address rules that impact senior psychologists.

The Committee supports PSYPACT requiring a license at the doctorate level but not the PSYPACT requirement to allow only APA accreditation licensees.

#### **NEXT MEETING:**

The next Regulatory Committee meeting is scheduled for December 13, 2021.

#### **ADJOURNMENT:**

The meeting adjourned at 3:51 p.m.

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J.D. Ball, Ph.D., ABPP, Chair

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Date

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Jaime Hoyle, J.D., Executive Director

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Date

DRAFT

## VIRGINIA BOARD OF PSYCHOLOGY

### GUIDANCE DOCUMENT ON PSYCHOLOGISTS' USE OF SOCIAL MEDIA

This document was developed to guide Virginia's licensed psychologists and members of the Virginia Board of Psychology in psychologists' social media use in the context of interpreting and implementing the Board's standards of practice (18VAC125-20-150). Please also see the Board's Guidance Document on Electronic Communication and Telepsychology wherein specific further guidance may be found regarding telephone text messaging, email, and other direct electronic communications between providers and patients, including direct service delivery via internet communications. As will be explained further in this document, social media use is most apt to intersect with standards of practice that are described in the Board's current regulations (as of April 2021) as 18VAC 125-20-150 (B) (1) (2) (7) (9) (and 11).

**Commented [VP1]:** Would not limit application of the document in this way. Recommend ending the paragraph after the previous sentence.

#### Introductory Considerations

For the purposes of this document, social media refer to digitally mediated technologies that facilitate creating and exchanging information between people via virtual communities or networks, typically on interactive web-based platforms. The nature of content shared through social media may include one's own or others' text, photos, audio and/or video material, and such various other informational formats as graphic and tabular data displays. Social media content is user posted, but it is not necessarily generated by the user who posts it. Through social media, users both generate and access content through digital connections to the web, typically through popular apps that connect individuals or groups.

Of relevance to the need for this guidance, a psychologist's social media use carries inherent risks with regard to adherence to the Board's standards of conduct. Social media content may be modified or selectively edited by other users who may re-post it. Thus, the accuracy and authorship of social media content are never fully certain to the end user, and the original author of information posted on social media cannot be certain that only the intended users will access it. Additionally, there have been violations of trust by social media platforms that have violated their own privacy policies. Clearly, these characteristics of social media present a challenge to psychologists seeking to represent themselves and their work accurately, protect their clients' confidentiality, operate within the bounds of their competencies (including their technological competencies), and provide clients with informed consent.

#### Professional and Personal Use of Social Media

Social media apps make no requirements for users to separate professional and personal activities on social media. However, there are clear advantages to psychologists doing so by using distinctly separate professional and personal user profiles and email addresses. While imperfect as a solution to the problems identified in the preceding section of this document, this separation helps minimize potential for conflictual relationships, by avoiding

self-disclosures that can complicate service relationships and by limiting potential for inadvertent broad disclosures of confidential information by psychologists and other social media users on the psychologists' social media pages.

*Professional social media activities* involve direct attempts to exchange unidirectional information (i.e., posts from the psychologist to others) with current or prospective clients, students, research participants, referral sources, colleagues, and other professional contacts, perhaps including the general public for various educational activities, marketing efforts, and on-line file exchanges. Psychologists should consider taking precautions against the risks of bidirectional communications (i.e., posts from others to the psychologist). These might include instances when friends or family make personal posts on a social media page intended for professional activities, thereby blurring an attempted distinction, or instances when clients make posts that inadvertently disclose their own identity. Of note, this confidentiality breach is further aggravated when psychologists then respond in this public forum to a client post.

*Personal social media activities* involve shared exchanges of various information with family, friends, social contacts, and personal interest groups. While users can establish different privacy preferences for their professional and personal social media profiles, personal profiles with a recognizable profile or user designation may be of interest to one's professional contacts, and current, past, or prospective clients may find their way to personal social media profiles in search of personal information posted there, despite a psychologist's efforts to separate professional and personal social media accounts. In this regard, psychologists may wish to caution friends or family about the possibility of social media requests from unknown people.

### Social Media Policy

The popularity of social media among prospective clients/recipients of psychological services relates directly to the Board's interpretation of the informed consent process for recipients of psychological services. Psychologists should consider preparing and disseminating to prospective and current clients a written social media policy that evolves regularly with rapid changes in societal uses of social media technology. Important elements of this policy might include a description of how the psychologist will ~~conduct themselves~~ interact with clients and the public on the internet in a professional capacity and encouragement to clients to ask questions about matters that may remain unclear. Such a policy is advisable even if only to describe how the psychologist intends to use email and texting (see also the Board's Guidance Document on Electronic Communications and Telepsychology). Specific examples of topics covered in a social media policy may include:

- the purpose, content and intended practices on any professional social media page that is maintained by the psychologist (accepting clients as "fans" of these pages is inadvisable as this fan list may be interpreted as a client list and represent threats to service relationship boundaries and confidentiality);

**Commented [VP2]:** Would recommend different title, maybe "Creation of Social Media Policy by Psychologists" or similar to indicate what the section is about.

**Commented [VP3]:** The bullet points here are suggestions of what an individual social media policy may include. The parentheticals are board statements on what is inadvisable. Those are two different topics and it's hard to follow in this format.



- the psychologist’s personal intent to use internet searches to gather information on clients (inadvisable in light of threats to trust in the relationship with the client and the potential for gathering misinformation);
- the extent to which stringent efforts to protect client confidentiality prevent the psychologist from responding to posts from others, including even “like” responses to client posts;
- the specific privacy preferences that the psychologist has selected on any of the psychologist’s professional social media accounts;
- instructions to current or prospective clients as to how they are expected to interact with the psychologist through social media (e.g., avoid the use of insecure and untimely social media texting or messaging to contact the psychologist and similarly avoid “wall postings” to engage with the psychologist online); and
- a discussion of the turnaround times of various methods of communication with clients and alternative emergency procedures to follow for contacting psychologist.

### The Complex Interface Between Social Media Use and Standards of Conduct

As also detailed in the Board’s Guidance on Electronic Communications and Telepsychology, the Board of Psychology’s Regulations for Standards of Conduct apply directly to the psychologist’s social media behaviors. Specific examples include the following:

- Preservation of confidentiality makes it advisable to:
  - Become familiar with and use all available privacy settings on social media platforms’
  - Use trusted and secure networks to access social media accounts
  - Use encryption if ever sending protected and private information over social media
  - Carefully train all staff with any responsibility for assistance in managing a social media account
  - Let clients know they can turn off location tracking during appointments
  - Carefully consider client confidentiality in all aspects of internet usage and be aware of potential for enormously wide audience at all times
  - While it is best not to share personal devices, ensure that no family member can access any Personal Health Information (PHI) stored on your device
- Requirements to offer clients informed consent make it advisable to:
  - Explain benefits (e.g., immediate, ever present, large audience, etc.) and risks (disguised identities, theft, misleading false appearance of psychologist’s immediate emergency availability, etc.) of psychologists’ and some aspects of clients’ social media use,

**Commented [VP4]:** I don’t think this is social media, unless it means tagging a location in a post (usually a proactive action rather than passive tracking, such as through find my iphone or find my friends)

- Procure informed consent from those legally entitled and competent to provide it
- Avoidance of multiple relationships with clients make it advisable to:
  - Avoid conflicts of interest
  - Manage responsibility for who may access accounts
  - Keep personal and professional accounts separate
- Assuring personal professional competence makes it available to:
  - Familiarize self with legal requirements of personal professional representation through internet and social media presence in Virginia and in any other state into which a psychologist may practice;
  - Maintain current knowledge of privacy preference settings for any social media page on which you post;
  - Keep abreast of ever-changing technological and practice risks associated with social media use
- Adhering to Board standards regarding professional representation to the public makes it advisable to
  - Assure that all information regarding credentials, published research findings, curriculum vitae, and other personal professional representations are neither fraudulent nor misleading
  - Clarify on social media sites the jurisdiction(s) in which you are licensed or intending through PSYPACT to practice

#### **Further Considerations in the Use of Social Media**

There is an extensive existing literature on the proper use of social media, and psychologists are best advised to consult the references at the end of this document and a great deal of other relevant professional information for more detail than it is practical to provide here. A concise distillation of key considerations from that literature that are of relevance to this guidance include the following:

- Use only trusted and secure WiFi networks to access practice-related websites;
- Conduct a regularly scheduled risk analysis and ongoing evaluation of data and platform security, website information accuracy, strong password and data encryption updates, vetting of third part services, and assurance of client de-identification;
- Maintain adequate technology training for self and all employees;
- Take precautions to prevent damage, theft or loss of equipment for handling sensitive information;
- Encrypt and frequently back up all stored sensitive information; and
- Use virus protection.

## References

- American Counseling Association (2014). ACA Code of Ethics. Retrieved at <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
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- American Psychological Association (2021). Taking charge of online reviews. Monitor on Psychology, 52 (2), 68. <https://www.apa.org/monitor/2021/03/career-online-reviews>
- Association of Canadian Psychology Regulatory Organizations. (2011). Model Standards for Telepsychology Service Delivery. Retrieved at <http://www.acpro-aocrp.ca/>
- American Psychological Association/Association of State and Provincial Psychology Boards/American Psychological Association Insurance Trust Joint Task Force (Telepsychology JTF) for the Development of Telepsychology Guidelines for Psychologists. Guidelines for the Practice of Telepsychology. <https://www.asppb.net/general/custom.asp?page=Telepsych>
- ASPPB Social Media Task Force (SMTF) (October 9, 2020). Guidelines for the Use of Social Media by Psychologists in Practice and by Psychology Regulatory Bodies. Association of State and Provincial Psychology Boards. <https://www.asppb.net/page/SMGuidelines>
- Chaffey, D. (2019). Global Social Media Research Summary 2019. Retrieved from <https://www.smartinsights.com/>
- Oregon Board of Psychology Social Media Committee. Social Media Do's and Don'ts. [https://www.oregon.gov/OBPE/docs/SMC\\_GuidelinesUWeb.pdf](https://www.oregon.gov/OBPE/docs/SMC_GuidelinesUWeb.pdf)
- Virginia Board of Psychology. (2018). Guidance Document on Electronic Communications and Telepsychology. [http://www.dhp.virginia.gov/Psychology/psychology\\_guidelines.html](http://www.dhp.virginia.gov/Psychology/psychology_guidelines.html)
- Virginia Board of Psychology (2020). Regulations Governing the Practice of Psychology. [http://www.dhp.virginia.gov/Psychology/psychology\\_laws\\_regs.htm#reg](http://www.dhp.virginia.gov/Psychology/psychology_laws_regs.htm#reg)

Clinical Psychologist	Jurisdiction	Minimum Education	Psypact
	Alberta	Master's	No
	Newfoundland and Labrador	Master's	No
	Nova Scotia	Master's	No
	Saskatchewan	Master's	NO
	Vermont	Master's	No

	Jurisdiction	Minimum Education	EPPP	Jurisprudence Exam	Oral Exam	Residency	Postdoc	Internship
Psychological Associate - Independent								
	Alabama	Master's	yes	yes	no	yes		yes
	Alaska	Master's	yes	yes	no		yes	yes
	Manitoba	Master's	yes	yes	yes	yes	yes	yes
	Ontario	Master's	yes	yes	yes	yes	yes	yes
	Prince Edward Island	Master's	yes	yes	yes	yes	yes	yes
	Jurisdiction	Minimum Education	EPPP	Jurisprudence Exam	Oral Exam	Residency	Postdoc	Internship
Psychological Associate-Supervised								
	Alabama	Master's	yes	yes	No	yes, continuous		yes
	California	Master's	No					
	D.C.	Master's	No					
	Kansas	Master's	Yes			Yes		
	Kentucky	Master's	Yes					
	Nebraska	Master's	No					
	North Carolina	Master's	Yes	Yes		Yes, continuous		Yes
	Wyoming	Master's	Yes					Yes
Psychological Associate-Supervised then Independent								
	Jurisdiction	Minimum Education	EPPP	Jurisprudence Exam	Oral Exam	Residency	Postdoc	Internship
	Kansas	Master's	Yes			yes		
	Texas	Master's	Yes	Yes				Yes
	West Virginia	Mastter's	Yes		Yes			Yes

Alaska  
Kentucky  
Manitoba  
Michigan  
New Mexico  
Ontario

Oregan  
Prince Edward Island  
Saskatchewan  
Tennessee  
Texas  
Virgin Islands  
Wyoming

**Agenda item: Consideration of petition for rulemaking**

**Included in agenda package:**

- Copy of petition from Diana Rexach
- Notice of comment from Townhall
- Copies of comments on petition
- Copy of definitions in Code of Virginia

**Board action:**

The Board must determine whether to take no action or to initiate rulemaking in response to the petitioner's request.



Virginia Department of  
**Health Professions**  
Board of Psychology

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Henrico, VA 23233-1463  
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### Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

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

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

Rexach, Diana I.

Street Address

9 South Lake Circle

Area Code and Telephone Number

413-250-1689

City

Hampton

State

Virginia

Zip Code:

2 3 6 6 6

Email Address (optional)

dtrexach@gmail.com

Respond to the following questions:

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

18VAC-125-20-65. Residency. and 18VAC125-20-42. Prerequisites for licensure by endorsement.

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

18VAC-125-20-65. Residency.

I am asking your consideration for changes on the Residency requirements for School Psychologist licensure by requiring the 1,500 residency hours to applicants that have no experience working as a school psychologist, in a public-school setting, in the state of Virginia. School psychologists, certified by the Department of Education in Virginia (VDOE), with at least 5 years of experience working full-time, should be allowed to apply for the School Psychologist Licensure by endorsement.

In both settings, schools and independent practice, the school psychologist seeks to help students improve their learning by conducting psychological and educational assessments, providing recommendations for interventions, promoting positive behavior and mental health through individual/group counseling for school-related issues, assisting parents, assessing socio-emotional behaviors, supporting diverse learning needs, and evaluating other factors that could interfere with the students' learning.

The Board of Psychology has already acknowledged school psychologists' credentials and ability to perform the tasks described above by issuing the School Psychologist-Limited license to school psychologists working in the schools. The Code of Virginia states that "The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board of school psychologist-limited." (Code of Virginia 54.1-3606. License required). The credentials, duties, and responsibilities of a school psychologist do not change based on setting (school or independent practice). It could be considered a comparable category (same services - different setting). For this reason, I am respectfully asking the Board of Psychology to consider the petition to amend the rule or requirements for school psychologists' licensure.

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

If the Board of Psychology decides to amend the requirements for school psychologists' licensure, I will respectfully request the Board to consider including a copy of the School Psychologist-Limited license and Certification from the VDOE as part of the documentation included under the prerequisites point #6. "Further documentation of one of the following:" to show proof of credentials and proficiency.

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

Board of Psychology 54.1-3603

Signature:

Date: 09/17/2021

## **Request for Comment on a Petition for Rulemaking**

Promulgating Board: **Board of Psychology**

Regulatory Coordinator: Elaine J. Yeatts  
(804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle  
Executive Director  
(804)367-4406  
jaime.hoyle@dhp.virginia.gov  
Department of Health Professions  
9960 Mayland Drive  
Suite 300  
Richmond, VA 23233

Chapter Affected:  
18 vac 125 - 20: **Regulations Governing the Practice of Psychology**

Statutory Authority: State: Chapter 36 of Title 54.1

Date Petition Received 09/20/2021

Petitioner Diana Rexach

### **Petitioner's Request**

To amend requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency.

### **Agency Plan**

In accordance with Virginia law, the petition has been filed with the Register of Regulations for publication on October 11, 2021 with a request for comment to be received until November 11, 2021. The petition will also be posted for comment on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). At the next meeting after the comment period, which is scheduled for December 14, 2021, the Board will consider the petition and any comment received to decide whether or not to initiate the rule-making process. The Board will inform the petitioner of its decision after the comment period is concluded and the Board has made its decision.

Publication Date 10/11/2021 *(comment period will also begin on this date)*

Comment End Date 11/11/2021

**Agency** Department of Health Professions**Board** Board of Psychology**Chapter** Regulations Governing the Practice of Psychology **[18 VAC 125 - 20]**

9 comments

[All good comments for this forum](#) [Show Only Flagged](#)[Back to List of Comments](#)**Committer:** Anonymous

10/22/21 2:22 pm

**School Psych Independent work**

I think it is a wonderful idea to let school psychologists work independently and privately. There is a dearth of mental health professions to help children and school psychologists have a ton of experience with that particular population. Additionally, they work with staff and parents so they have plenty of experience with adults. Many school psychologists also have clinical backgrounds but have not had supervisors that had supervision classes and have been denied the ability to practice outside of the school environment. I believe that allowing school psychologists to work independently of schools will be most beneficial. Especially in the climate that we are currently in.

CommentID: 116546

**Committer:** M Harris

10/22/21 3:09 pm

**More mental health supports for families**

This petition is worth considering. While allowing school psychologists to practice privately, may cause further shortages in the school setting, it certainly would provide additional opportunities for families to receive mental health supports in a more timely. Many families who are referred to private providers have lengthy waitlists before they can be seen by a provider. And depending on where you live in Virginia your options for mental health services are extremely limited. The profession is well-trained beyond master's level practitioners and they have internships with supervision at the school level before they are even licensed by VDOE.

CommentID: 116550

**Committer:** Anonymous

10/25/21 9:48 am

**School psych licensing**

Please consider supporting this petition. As school psychologists, we have been thoroughly trained with supervision through our three-year graduate level programs which included a year long internship. Five years of experience adds to the wealth of knowledge that we have. In addition, we complete continuing education as required by the Department of Education. Allowing us to practice independently would be one additional way to resolve the mental health shortage that is resulting in months long waitlists. The following article reports that 40% of Virginians have symptoms of anxiety and depression, "2/3 of Virginia localities are federally designated as mental health



professional shortage areas", and many of the current providers are nearing retirement without sufficient replacements being trained.

[https://roanoke.com/opinion/columnists/oswalt-we-dont-have-enough-mental-health-professionals/article\\_f3110996-ad2f-11eb-950e-a3b1f4156b67.html](https://roanoke.com/opinion/columnists/oswalt-we-dont-have-enough-mental-health-professionals/article_f3110996-ad2f-11eb-950e-a3b1f4156b67.html)

CommentID: 116551

**Commenter:** Licensed School Psychologist in Virginia

10/25/21 10:25 am

### **Support to amend requirements for residency**

I am support of this petition to amend requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency. School psychologists are highly trained. Our credentials reflect our specialized training in both fields of psychology and education. Our collective years of experience with youth of all ages and ability levels lends itself to expertise in the field.

There are not enough expertise in our rural Virginia areas to support youth's mental health needs. School Psychologists live and work in these rural areas and need to have full access and opportunity to support youth in and outside of the school building. Fully licensed and credentialed School Psychologists with more than 5 years' experience should be allowed to serve the mental health needs of all youth in our community and practice privately as well as in school, to support the vast mental health needs in our rural, and urban, communities.

Thank you for your consideration.

CommentID: 116556

**Commenter:** Anonymous

10/27/21 8:52 am

### **Expanding the role of school psychologists!**

As a school psychologists currently in my 11th year working in the school setting, I truly believe our education, training, and experience make us highly qualified candidates to provide support to youth in private practice. We already play a vital role in supporting the whole child by understanding their social, emotional, behavioral, and academic needs. School psychologist are providing mental health supports within the school setting, and we see the need for more mental health support outside of school where our students are often left waiting for help as families are searching for providers but often met with months long waitlists. I believe that any opportunity to expand the role of school psychologists, whether in the school setting or private practice, will be a huge benefit for children and adolescents.

CommentID: 116569

**Commenter:** Mr. D. B.

10/27/21 5:58 pm

### **Concerned about minimum competency of school psychologist without clinical supervision**

Supervision as a requirement for a license assures at a minimum that the individual has demonstrated competency in important areas such as ethics, assessment, understanding of key psychological principles and the developmental needs of the population being served. Typically in a school system, especially a rural school system, there are no other licensed school psychologists, licensed clinical psychologists or other licensed mental health professionals to learn from or provide any type clinical supervision or even clinical peer consultation. Supervision is

typically Administrative Supervision in these school systems and are not clinical. Years of employment in any job does mean the individual received the typical clinical benefits and understanding unique to clinical supervision. School Psychologists do have a certification/licensing process by the State Board of Education, but it only assures that the individual has taken specific educational classes and a graduate level internship. I have 20 years of experience in working with three school systems in providing mental health intervention. Being a licensed mental health professional in the school system requires understanding of the complex mental health symptoms and/or behavioral symptoms of students of all age groups. It is my opinion that the current requirement of clinical supervision hours should remain post-graduate to fully concentrate and complete the professional process to prepare the licensed school psychologist to provide minimal competent services to the youth, their families and advice giving to the school administration. This license should not be considered in any manner as a qualification for independent practice.

CommentID: 116574

**Commenter:** Bo Keeney, VACP Executive Director

11/5/21 7:15 pm

### **Opposition to Petition for Rule Making**

The Virginia Academy of Clinical Psychologists (VACP) Board strongly values training and believes supervised experience to be a critical part of mastery of a profession. Furthermore, it is our understanding that the Virginia Academy of School Psychologists (VASP) was not consulted before this petition was filed, and the president of VASP confirmed that this proposal is not coming from their organization. With this in mind, and to maintain the standards of the profession and protect public safety, the VACP Board formally opposes the petition before the Board of Psychology.

CommentID: 116696

**Commenter:** Tom Byrnes School Psychologist/Department Head

11/10/21 2:42 pm

### **Proposal Worth of Consideration.**

This proposal for changing the current School Psychologist licensure requirements is worthy of consideration or at the very least start a review and discussion of current requirements at the State Board Level. In this environment of position shortages, it is important that we increase the numbers of practitioners that understand the needs and guidelines of today's public school system; particularly in regard to Special Education Eligibility requirements and the types of assessments required to make these determinations. My personal opinion is that the current coursework and required supervision hours equips the school psychologist for both practice in the public schools, alternative and private settings if they so desire. Additionally, the 5 years of experience threshold insures that the School Psychologist has the ability to apply theoretical knowledge into practical situations. Finally, over the years, I have been told by a number of School Psychologists seeking licensure that it is difficult to find licensed psychologists that are able to undertake the supervisory role which limits their ability to complete the current requirements as written.

CommentID: 116718

**Commenter:** Kelly Forsythe Acevedo, Virginia Academy of School Psychologists

11/11/21 5:23 pm

### **Statement from VASP**

The Virginia Academy of School Psychologist (VASP) supports school psychologists in promoting and advocating for the educational and mental health development of all Virginia's students,

schools, families, and communities. To assist in determining the appropriateness of this rules change, we would like to make the board aware of the following information related to the training of school psychologists.

The National Association of School Psychologists (NASP) provides a national certification (NCSP) with the following requirements:

- Applicants must complete an organized program of study that is officially titled "School Psychology" that consists of at least 60 graduate semester/90 quarter hours. At least 54 graduate semester/81 quarter hours must be exclusive of credit for the supervised internship experience.
- Successful completion of a 1,200-hour internship in school psychology, of which at least 600 hours must be in a school setting.
- NCSP applicants must achieve a passing score of 147 on the Praxis School Psychologist exam #5402 .
- For the first renewal of the NCSP credential for all new NCSPs obtaining the credential after January 1, 2016, there should be evidence of having successfully completed a minimum of 1 academic year of professional support from a mentor or supervisor. For professional practice within a school setting, supervision or mentoring shall be provided by a credentialed school psychologist with a minimum of three years of experience. For any portion of the experience that is accumulated in a nonschool setting, supervision or mentoring shall be provided by a psychologist appropriately credentialed for practice in that setting. Supervision and/or mentoring conducted either individually or within a group for a minimum average of 1 hour per week is recommended.
- Those holding the NCSP credential must complete a minimum of 75 hours of continuing professional development (CPD) activities within 36 months of renewal and maintain documentation of activities. At least 10 of the 75 CPD hours must come from a NASP- or APA-approved provider. NCSPs must also accrue 3 hours of CPD regarding ethical practice and/or the legal regulation of school psychology; and 3 hours in equity, diversity, and inclusion; both of which may be met with any appropriate CPD activity category.
- School psychologists who graduate from NASP approved programs are trained in the following areas: Data collection and analysis; Assessment; Progress monitoring; School-wide practices to promote learning; Resilience and risk factors; Consultation and collaboration; Academic/learning interventions; Mental health interventions; Behavioral interventions; Instructional support; Prevention and intervention services; Special education services; Crisis preparedness, response, and recovery; Family-school-community collaboration; Diversity in development and learning; Research and program evaluation; and Professional ethics, school law, and systems.

As mental health and educational professionals, we are acutely aware of the difficulties families face in accessing necessary psychological services both inside and outside of the school setting. As an association we would like to encourage flexible problem solving to help address this need.

CommentID: 116719

## § 54.1-3600. Definitions.

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

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" which consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.
2. "Diagnosis and treatment of mental and emotional disorders" which consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality or personal goals, the treatment of alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.
3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, administration, supervision or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" which consists of psychological assessment, evaluation and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" which consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education.

Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

"Psychologist" means a person licensed to practice school, applied or clinical psychology.

"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.

This message requests action by the Virginia Board of Psychology to protect school psychologists from being directed to practice beyond the limits of their license.

I have read with interest *Model Policies for the Treatment of Transgender Students in Virginia's Public Schools* [https://townhall.virginia.gov/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs\\_Proposed\201\GDoc\\_DOE\\_4683\\_20201208.pdf](https://townhall.virginia.gov/GetFile.cfm?File=C:\TownHall\docroot\GuidanceDocs_Proposed\201\GDoc_DOE_4683_20201208.pdf) which has been adopted by the Virginia Board of Education.

House Bill 145 and Senate Bill 161, passed into law in 2020, codified protections for transgender and non-binary students in Virginia public schools. The bills instruct the Virginia Department of Education (VDOE) to draft model policies on the treatment of transgender (trans) and non-binary youth in schools by the end of 2020. School Boards then have until the start of the 2021-2022 school year to adopt policies consistent with, or even more comprehensive than, the VDOE model policy.

I quote from a recent article in the *American Association of Pediatrics* publication "*Pediatrics*" from December of 2018. *Ethical Issues in Gender-Affirming Care for Youth* <https://pediatrics.aappublications.org/content/142/6/e20181537> that discussed Social Transition of Transgender or Gender Nonconforming (TGNC) youth. It is that social transition for which the *Model Policies* are targeted at supporting at school.

### Social Transition

**In prepubertal youth with gender dysphoria, social transition is often the first step taken to affirm gender identity and alleviate gender dysphoria. Social transition may occur several years before any medical intervention. However, the long-term consequences of social transition for prepubertal children raise potential concerns.** Although there are major limitations to and criticisms of the body of data examining the natural history of gender identity in prepubertal children with gender dysphoria, <sup>32</sup> current evidence reveals that the majority of children who have gender dysphoria before the onset of puberty will not seek medical transition once puberty has commenced.<sup>3,33,34</sup>

Although it has been suggested that the intensity of gender dysphoric feelings above a certain threshold may indicate that a child will be more likely to seek permanent gender transition, further studies are needed to understand the etiology of childhood gender dysphoria. There is also a potential concern that **prepubertal children who have socially transitioned may feel "boxed in" to their affirmed gender identities** if parents reinforce a gender binary and imply that their children's gender identities are irreversible.<sup>35</sup> **Moreover, there is little research on adolescent-onset gender dysphoria, and the rate of persistence within this community of patients is not known.**<sup>36</sup>

A recent landmark study compared the mental health of prepubertal children with gender dysphoria who received support from their families in regard to their social transition to those of cisgender age-matched controls; the authors found that rates of depression were similar between the 2 groups with minimal elevations in anxiety in the socially transitioned group.<sup>37</sup> Although the findings of this study may be due in part to the particular or unique characteristics of the participants and their families, thus limiting the generalizability of the findings, the affirmative approach to care exemplified in this study is in contrast to those who encourage prepubertal children to accept their natal gender.<sup>38</sup> **Long-term outcomes data are needed to better predict which children would benefit from social transition and examine the repercussions for children who have transitioned socially and who ultimately do not identify as transgender.**

The law that required the model policy is Code of Virginia § 22.1-23.3. Treatment of transgender students; policies.

A. The Department of Education shall develop and make available to each school board model policies concerning the treatment of transgender students in public elementary and secondary schools that address common issues regarding transgender students in accordance with evidence-based best practices and include information, guidance, procedures, and standards relating to:

1. Compliance with applicable nondiscrimination laws;

2. Maintenance of a safe and supportive learning environment free from discrimination and harassment for all students;
3. Prevention of and response to bullying and harassment;
4. Maintenance of student records;
5. Identification of students;
6. Protection of student privacy and the confidentiality of sensitive information;
7. Enforcement of sex-based dress codes; and
8. Student participation in sex-specific school activities and events and use of school facilities. Activities and events do not include athletics.

B. Each school board shall adopt policies that are consistent with but may be more comprehensive than the model policies developed by the Department of Education pursuant to subsection A.

I support the law.

My concern is that the *Model Policies* greatly exceeded the requirements of the law. In doing so it specifically requires school psychologists to both exceed their license and act unethically.

My specific problems with the *Model Policies* include:

1. It is my understanding from the policies of the various professional bodies that either a clinical psychologist or a physician is required to diagnose and treat gender dysphoria. There is no employee in any school in Virginia that is trained or licensed to do that. There is no discussion in that document of a *diagnosis* of Transgender or Gender Nonconforming (TGNC) youth at all. Just how to treat them at school based on the child's assertion.
2. There is no differentiation in the document between the "support" offered small children and adolescents. All of the medical and psychological literature draws bright lines between the two age groups.
3. The references to professional literature and studies of Transgender or Gender Nonconforming youth are so one-sided and vague as to be clearly agenda driven.
4. The *Model Policies* start to really exceed the education and licenses of school psychologists on page 14 of that document. All of these policies appear to require
  - the practice of psychology or medicine without a license;
  - ethical violations;
  - psychological and medical best practices violations; or
  - all three.

### **Student Privacy/Confidentiality**

"School divisions will need to consider the health and safety of the student in situations where students may not want their parents to know about their gender identity, and schools should address this on a case-by-case basis. **If a student is not ready or able to safely share with their family about their gender identity, this should be respected.** There are no regulations requiring school staff to notify a parent or guardian of a student's request to affirm their gender identity, and school staff should work with students to help them share the information with their family when they are ready to do so. Refer to additional discussions regarding when parents are aware of but are not affirming of the student's gender identity in the next section."

**Student Identification - this section of the policies both allows students to self-identify as transgender without medical diagnosis and treatment and requires school personnel to intervene between the student, whether prepubescent or adolescent, and the child's parents to "support" that identity choice.**

**"A student is considered transgender if, at school, the student consistently asserts a gender identity different from the sex assigned at birth.** This should involve more than a casual declaration of gender identity, but it does not necessarily require any substantiating evidence nor any required minimum duration of expressed gender identity."

“Schools should work with a student to address any concern that an asserted gender identity may be for an improper purpose, such as permitting the student to respond with information that supports the request to be treated consistent with their gender identity.”

**In the situation when parents or guardians of a minor student (under 18 years of age) do not agree with the student’s request to adopt a new name and pronouns, school divisions will need to determine whether to respect the student’s request, abide by the parent’s wishes to continue using the student’s legal name and sex assigned at birth, or develop an alternative that respects both the student and the parents. This process will require consideration of short-term solutions to address the student’s emotional needs to be affirmed at school as well as the long-term goal of assisting the family in developing solutions in their child’s best interest.** For example, a plan may include addressing the student at school with their name and pronoun consistent with their gender identity while using the legal name and pronoun associated with the sex assigned at birth when communicating with parents or guardians. Research has shown that transgender youth with supportive families experience a 52 percent decrease in recent suicidal thoughts and 46 percent decrease in suicide attempts (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010) and that “chosen name used in more contexts was associated with lower depression, suicidal ideation, and suicidal behavior” (Russell, Pollitt, Li, & Grossman, 2018). **Thus, school staff should be prepared to support the safety and welfare of transgender students when their families are not affirming. School staff should provide information and referral to resources to support the student in coping with the lack of support at home, provide information and resources to families about transgender issues, seek opportunities to foster a better relationship between the student and their family, and provide close follow-ups with the family and student.** Refer to Appendix A for resources to support families of transgender students. To comply with § 63.2-1509 of the Code of Virginia, **whenever school personnel suspects** or becomes aware **that a student is being abused, neglected, or at risk of abuse or neglect (as defined by § 63.2-100 of the Code of Virginia) by their parent due to their transgender identity, they must report those concerns to Child Protective Services immediately.** Before making a decision on policies relating to situations when parents or guardians are not accepting of the student’s gender identity, school divisions should consult their school board attorney.

These paragraphs and others require school personnel to make psychological and medical decisions for which they are neither licensed nor qualified and then to act on those decisions in ways that would be unethical even if licensed practitioners did them. I fear major and predictable bad outcomes.

I request the Board of Psychology review and comment upon these issues to the Board of Education.

Best Regards,