Virginia Department of Health Professions
Board of Counseling

Agenda

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

10:00 a.m. Call to Order – Maria Stransky, LPC, CSAC, CSOTP, Vice-Chair

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

Adoption of Agenda

Public Comment

The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter……..Page 5

Approval of Minutes

- April 19, 2024* Board Meeting Minutes ……Page 7
- April 19, 2024 Formal Hearing Minutes (For Informational Purposes)……Page 11

Agency Director Report (Verbal) – Arne Owens

Chair Report (Verbal) – Ms. Stransky

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

- Regulatory Chart……Page 15
- Regulatory actions requiredby passage of House Bill 329*……Page 17
- Initiation of periodic review of all chapters*……Page 100
- Petition for rulemaking received by the Board to amend 18VAC115-20-52*……Page 101

Committee Report

- **Regulatory Committee** – Terry Tinsley, Phd, LPC, LMFT, CSOTP, Committee Chair
    - Review of draft exempt regulatory changes pursuant to Senate Bill 403 – Ms. Barrett……Page 136
        - Discussion of Board-Approved Training……Page 160
        - Draft Chart of Recommended Pathways……Page 170

Staff Reports

- **Executive Director's Report** – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work (BSU) (Verbal Report)
- **Discipline Report** – Jennifer Lang, Deputy Director, BSU……Page 175

- **Licensing Report** – Charlotte Lenart, Deputy Director, BSU……...Page 201

Elections – Ms. Stransky

- Bylaws……Page 205
- Board Member Roster……Page 212

Recommended Decisions* - Ms. Lang

Next Meeting:

- Board Meeting: October 4, 2024

Meeting Adjournment

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

Virginia Department of Health Professions
Board of Counseling

MISSION STATEMENT

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

EMERGENCY EGRESS

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

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

Board Room 1

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

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

Board Room 2

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

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

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

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

Board Rooms 3 and 4

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

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

Training Room 1

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

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

Training Room 2

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

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

The Virginia Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

May 10th, 2024

To the Behavioral Science Boards and Staff:

The concept of 'the public' is grand and fraught with debate – but it is not without meaning; it is simply so rich with meaning that it overwhelms. I wish to convey to this Board what 'public dialogue' means – in the hopes that someone here holds the notion of the 'public interest' close to their heart.

Public dialogue is not synonymous with public comment platforms. *Effective* public dialogue is something else entirely.

Effective public dialogue creates a "mandate of democratic publicity."[1] The mandate of democratic publicity is not manifested in legal or bureaucratic authority – and should not be conflated with it. Democratic publicity, instead, emerges from civil society through the "exchange of opinion about the sphere of public life and the common world, and the decision of what manner of action is to be taken in it."[2]

Submitting public comments does not yield an exchange of opinion; it does not provide for shared judgement and decision-making. The public comment platform provides a speech receptacle: one party speaks and the other choose whether it wants to listen.

After investing considerable time reading the meeting minutes, bylaws, guidance documents, and reports produced by this institution, I have come to realize that the VDHP Behavioral Science Boards have an impending colossus on their hands. A rough description of this colossus was presented by the Psychology Board's Deputy Executive Director:

> "…the three behavioral science boards received 724 new cases in 2023, a 31% increase in [*sic*] since 2020. If pending General Assembly bills are passed, creating new license types for the Boards of Psychology and Counseling, the discipline cases are expected to increase significantly … additional discipline staff will be necessary to continue to move cases through the process within reasonable timeframes." – *Draft Meeting Minutes, Board of Psychology, Feb 27th, 2024.*

[1] Habermas, Jürgen. 1991. Page 244 in *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*. MIT Press.
[2] Arendt, Hannah. 1968. Page 223 in "The Crisis in Culture: Its Social and Its Political Significance" Pp. 197-226 in *Between Past and Future: Eight Exercises in Political Thought*. New York: Viking Press.

The supply of complaints is escalating tremendously—threatening to burden this institution with a Sisyphean struggle of processing and closing, processing and closing, processing and closing ... And, to what end? What will be achieved through all your hard work?

It might be possible to wholly excise the tumor of complaints – rather than accept its malignant growth as a predestined outcome. To do so would require a serious treatment of *the underlying cause for complaint*. The complaints themselves tell us *why* Virginians are complaining. They are a precious clue in how to solve this particular problem.

In more psychological terms, the complaints are a 'presenting problem,' the symptomatic expression of a deeper, structural pathology. Presenting problems can only be seriously treated when their root cause is identified. Do the Behavioral Science Boards wish to grasp the *root causes for complaint*?

It appears, paradoxically, that the Behavioral Science Boards are working tirelessly to entrench the complaint colossus by lopsidedly focusing their efforts on supplying Virginians with more practitioners. The supply is expanding, and this office recognizes that more complaints will have to be dealt with. But, the burden of hundreds upon hundreds of endlessly replicating complaints attaches only incidentally to the increasing quantity of service providers.

The root causes of these complaints may possibly be found instead in the *qualities of services* and in the available *modalities for resolution*.[3]

The Behavioral Science Boards might extend more gracious invitations to engage in a public dialogue about the root causes of complaints – even go so far as to speak directly with the people writing all these hundreds of complaints. This approach might yield a fruitful alternative to endlessly 'processing and closing' this colossus.

Carol J. Petty, PhD
Faculty, Department of Sociology and Anthropology
Affiliate Faculty, Center for Social Science Research
George Mason University

[3] This is simply a provisional hypothesis that can only be substantiated, revised, and/or refuted through a serious study of the contents of the complaints themselves and the motivations of the complainants.

Virginia Department of Health Professions
Board of Counseling

DRAFT

Virginia Board of Counseling

Quarterly Board Meeting Minutes
Friday, April 19, 2024, at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 2

PRESIDING OFFICER: Gerard Lawson, PhD, LPC, LSATP, Board Chairperson

BOARD MEMBERS PRESENT:
Lester Paul Bernard, PhD, LPC
Natalie Franklin, LPC, LMFT
Nakeisha Gordon, LPC
Luanne Griffin, LPC
Matthew Scott, LMFT
Maria Stransky, LPC, CSAC, CSOTP
Terry R. Tinsley, PhD, LPC, LMFT, CSOTP
Tiffinee Yancey, PhD, LPC

BOARD MEMBERS ABSENT: Benjamin Allison, Citizen Member

BOARD STAFF PRESENT:
Latasha Austin, Licensing & Operations Supervisor
Jaime Hoyle, JD, Executive Director
Jennifer Lang, Deputy Executive Director- Discipline
Dalyce Logan, Licensing Specialist

DHP STAFF PRESENT:
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, Department of Health Professions
James Jenkins, RN, Agency Deputy Director, Special Advisor to the Governor on Workforce
Arne Owens, Agency Director, Department of Health Professions

BOARD COUNSEL PRESENT: Laura Booberg, Assistant Attorney General

PUBLIC ATTENDEES:
Prinetti Blakes
Denise Konrad
Meghan McIntyre

CALL TO ORDER: Dr. Lawson called the Board Meeting to order at 10:02 a.m.

ROLL CALL/ESTABLISHMENT OF A QUORUM: An introduction was done of all Board members and staff**.** Nine members of the Board were present at roll call; therefore, a quorum was established.

MISSION STATEMENT: Dr. Lawson read the mission statement of the Department of Health Professions, which was also the mission statement of the Board. Dr. Lawson also read the emergency egress instructions.

ADOPTION OF AGENDA: **Motion**: Ms. Stransky made a motion, which Ms. Franklin properly seconded, to adopt the agenda as presented. The motion passed unanimously.

PUBLIC COMMENT: No public comment was provided.

APPROVAL OF MINUTES: The Board reviewed the minutes from the last meeting held on February 2, 2024. It was noted that the adjournment time of the meeting was corrected from pm to am.

Motion: Dr. Bernard made a motion, which Dr. Yancey properly seconded to approve the minutes from the February 2, 2024, meeting as amended. The motion passed unanimously.

AGENCY REPORT:

Mr. Owens reported on the legislative session and that it was a successful session. He indicated that the general assembly would reconvene in May. He reported that legislation passed that will increase the number of practitioners in Virginia, therefore increasing the workforce. Staff have been working on implementation plans.

Mr. Owens informed the Board that the budget would be sorted out when the general assembly reconvenes in May. He informed that Board that since DHP is a non-general fund agency, the funds to operate the agency are not dependent on the budget. However, the ability to change the number of full-time staff the agency has to ensure there are enough staff to do the work as more license types are created is dependent on the budget.

Mr. Owens reported on the leadership changes at DHP. He informed the Board that the new Director of the Enforcement Division is Sarah Rogers. He also indicated that a new Communications Director would be starting on April 25th to replace Diane Powers who retired. He added that Leslie Knachel will soon begin as the new Chief Operating Officer for the agency replacing Lisa Hahn who is retiring. He also indicated that the process would soon start for a new Executive Director for the Board of Nursing to replace Jay Douglas who will be retiring this summer.

Lastly, Mr. Owens reported that Impact Makers has been working with several Boards to help make licensing processes more efficient.

BOARD CHAIR REPORT:

Dr. Lawson reported that with the success of the legislation session, that there will be a lot of upcoming work on the new credentials.

As President-Elect for the American Association of State Counseling Boards (AASCB), he reported that questions are starting to be asked from counselors if sessions can be recorded to build an AI program. He added that he has concerns about confidentiality. He also informed the board that the Compact is moving forward and should start taking applications within the year.

Dr. Lawson informed the board that the National Board for Certified Counselors (NBCC) Regulatory Submit would be held in Puerto Rico June 26, 28, 2024. Any board members interested in participating should contact Ms. Hoyle.

Following questions regarding the chairs report, there was a recommendation to start an AI Committee to review best ways for counselors to use AI. It was also suggested that it would be better to start the committee after the fall due to the number of legislation changes that will have to be made due to the new credentials. The Board was also informed that the AASCB will also have an AI Committee.

LEGISLATION & REGULATORY REPORT:

- **Chart of Regulatory Actions**
  Ms. Barrett reviewed with the Board the current regulatory actions for the Board of Counseling as of April 10, 2024. A copy of the chart was included in the agenda packet.

  Ms. Barrett added that at the next meeting she will be requesting that two regulatory actions be withdrawn as legislation made changes in contrast to proposed changes.

- **Petition for Rulemaking**
  Ms. Barrett reviewed and discussed a petition for rulemaking received to amend 18VAC115-20-52(C) to allow licensed clinical social workers to provide supervision to residents in professional counseling. Ms. Barrett informed the Board that 64 comments were received in opposition of the petition, 20 in support of the petition and 3 that were not clear.

  Motion: Dr. Bernard made a motion, which Ms. Stransky properly seconded, to take no action because if the Board permitted licensed clinical social workers to supervise residents in counseling, the Board of Counseling would have no jurisdiction to discipline the LCSW supervisor in the event a violation of law occurred. Additionally, access to technology-assisted supervision has increased the availability of supervisors for residents in counseling. Technology-assisted supervision was not in existence at the time licensees of other boards were previously permitted to supervise counseling residents. Finally, the Board believes that residents in counseling would be better served by supervision from a licensed professional counselor given the differences in the disciplines of licensed professional counseling and licensed clinical social work. The motion passed unanimously.

- **Legislative Report**
  Ms. Barrett reviewed with the Board the current legislations that have been passed and approved by the Governor. They include:
  - HB329, which affects endorsement requirements for licensure as a marriage and family therapist.

  This bill affects two regulatory changes that will be requested to be withdrawn.

  - HB426, which would recognize the National Counselor Examination (NCE) as a valid examination for licensure as a licensed professional counselor in the Commonwealth of Virginia.

  No regulatory changes are needed as a result of this bill. Some board members expressed concern regarding allowing this examination as it can be taking before receiving a master's and perhaps the Board may see more ethical violations with persons who take this exam. Board members were reminded that the board is already accepting person who have taken this exam as applicants coming in by endorsement can take this exam.

  - SB403, this bill will merge QMHP A & C into one QMHP and creating new registration types for Behavioral Health Technicians and Behavioral Health Technician Assistants.

  The Board will have to create new regulations and exempt action for initial promulgation. The Regulatory Committee will need to work on these in July to present to the Board at the August 2024 meeting for a final vote at the October 2024 meeting. New registrations should be issued in early 2025.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle welcomed Ms. Griffin to the Board as she was unable to attend the first meeting following her appointment. Ms. Hoyle informed the board that there are still currently two vacancies on the Board and that Ms. Franklin's 2nd term and Dr. Gerard's 1st term will end of as June 30, 2024. Ms. Hoyle thanked those board members who volunteered to work on the regulatory committee and that for anyone interested in working on the AI committee to let her know.

Ms. Hoyle informed the board that staff vacancies have been filled with the recent hire of Ms. Austin as the Licensing and Operations Supervisor and Mr. Boatwright as the Licensing Specialist. She also thanks Ms. Barrett for her hard work and the work she does advocating for the Board.

Ms. Hoyle added that she will be doing some outreach in May and that she continues her work along with Mr. Jenkins with Right Help Right Now.

Mr. Jenkins provided an update on Right Help Right Now and informed the Board that the new Executive Director is Hallie Pence and that they are currently working on a digital campaign.

DISCIPLINE REPORT:

Ms. Lang referenced the discipline report included in the agenda. Additionally, she reported that as of April 5, 2024, the behavioral science boards (Counseling, Psychology, and Social Work) had received a total of 227 discipline cases. This is a 24% increase from the cases received for the same time frame in 2023. She thanked Christy Evans, Discipline and Compliance Case Manager, for taking on new responsibilities in the discipline process. Ms. Lang is working with the agency in hopes to get approval for additional FTEs. The cases for the behavioral science boards consistently increase each year and are expected to rise significantly with the addition of six new pending credentials among the three boards.

Ms. Lang advised that because of an increase in cases requiring immediate hearings, per the Code of Virginia, there is a backlog of matters to be heard at formal hearings. To address the backlog, she is planning to hold formal hearings following scheduled meetings of the Regulatory Committee. However, given the plans for the committee to work on new credentials, this may not begin until the beginning of 2025. She will continue to work on getting the older cases scheduled as soon as possible.

LICENSING REPORT:

Ms. Hoyle referenced the licensing report that was included in agenda packet. Additionally, she reported that Ms. Lenart has been working with Impact Makers and she reminded the board that renewals are coming up.

NEXT MEETING DATES:

The next meeting is scheduled for Friday, August 2, 2024. Next Regulatory meeting will be July 19, 2024

ADJOURNMENT:

Dr. Lawson adjourned the April 19, 2024, meeting at 11:35 a.m.

_____

Gerard Lawson, PhD, LPC, LSATP, Chair

_____

Jaime Hoyle, JD, Executive Director

Virginia Department of Health Professions
Board of Counseling

Virginia Board of Counseling
Formal Hearing
April 19, 2024

Matter: **Heavenly Weaver, LPC and LSATP Reinstatement Applicant**
Attorney: Margaret Hardy, Esquire
Case No.: 236281
License Nos.: 0701007271
0718000472

Call to Order: A panel of the Board of Counseling ("Board") convened on April 19, 2024 at 12:30 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia, Board Room 2.

Presiding: Gerard Lawson, Ph.D., LPC, LSATP, Chairperson

Board Members Present:
L Paul Bernard, LPC
Natalie Franklin, LPC, LMFT
Nakeisha Gordon, LPC
Matthew Scott, LMFT
Maria Stransky, LPC, CSAC, CSOTP
Terry Tinsley, Ph.D., LPC, LMFT, CSOTP
Tiffinee Yancey, Ph.D., LPC

Board Counsel: James Rutkowski, Assistant Attorney General
Office of the Attorney General

Board Staff: Jennifer Lang, Deputy Executive Director
Latasha Austin, Licensing and Operations Supervisor

Court Reporter: Virginia Mack, Court Reporter
County Court Reporters

Establishment of a Panel: With nine (9) members present, a panel of the board was established.

Parties on Behalf of the Commonwealth: Christine Corey, Adjudication Specialist
Administrative Proceedings Division

Discussion: Heavenly Weaver appeared before the board in person, in accordance with the board's Notice of Formal Hearing dated March 14, 2024. Heavenly Weaver was represented by Margaret Hardy, Esquire.

The Board received evidence and sworn testimony regarding the allegations contained in the Notice.

Closed Session: Upon a motion by Dr. Yancey, and duly seconded by Ms. Gordon, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter. Additionally, she moved that James Rutkowski, Jennifer Lang, and Latasha Austin attend the closed meeting because their presence was deemed necessary and would aid the Board in its deliberation.

Reconvene:	Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session and announced its decision.
Decision and Vote:	Dr. Yancey moved that the Board of Counseling approve Ms. Weaver's applications for reinstatement to practice professional counseling and substance abuse treatment. The motion was seconded and passed unanimously. Dr. Tinsley moved that the Board of Counseling place certain terms and conditions on Ms. Weaver's licenses. The motion was seconded and passed with a vote of 8-1-0. The basis for these decisions will be set forth in a final Board Order which will be sent to Heavenly Weaver at the address of record.
Adjournment:	The Board adjourned at 2:21 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings of fact, conclusions of law and decisions of this formal hearing panel.

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Gerard Lawson
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Gerard Lawson, Ph.D., LPC, LSATP, Chairperson
Virginia Board of Counseling

4/25/2024
Date

DocuSigned by:
Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

4/25/2024
Date

Virginia Department of Health Professions
Board of Counseling

Virginia Board of Counseling
Formal Hearing
April 19, 2024

Matter:	**Dennis Gowin, LPC Reinstatement Applicant** Attorney: n/a Case No.: 236304 License No.: 0701004772
Call to Order:	A panel of the Board of Counseling ("Board") convened on April 19, 2024 at 2:36 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia, Board Room 2.
Presiding:	Gerard Lawson, Ph.D., LPC, LSATP, Chairperson
Board Members Present:	L Paul Bernard, LPC Natalie Franklin, LPC, LMFT Nakeisha Gordon, LPC Matthew Scott, LMFT Maria Stransky, LPC, CSAC, CSOTP Terry Tinsley, Ph.D., LPC, LMFT, CSOTP Tiffinee Yancey, Ph.D., LPC
Board Counsel:	James Rutkowski, Assistant Attorney General Office of the Attorney General
Board Staff:	Jennifer Lang, Deputy Executive Director Latasha Austin, Licensing and Operations Supervisor
Court Reporter:	Virginia Mack, Court Reporter County Court Reporters
Establishment of a Panel:	With nine (9) members present, a panel of the board was established.
Parties on Behalf of the Commonwealth:	Christine Corey, Adjudication Specialist Administrative Proceedings Division
Discussion:	Dennis Gowin appeared before the board in person, in accordance with the board's Notice of Formal Hearing dated March 21, 2024. Dennis Gowin was not represented by legal counsel. The Board received evidence and sworn testimony regarding the allegations contained in the Notice.
Closed Session:	Upon a motion by Dr. Yancey, and duly seconded by Ms. Franklin, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter. Additionally, she moved that James Rutkowski, Jennifer Lang, and Latasha Austin attend the closed meeting because their presence was deemed necessary and would aid the Board in its deliberation.

Reconvene:	Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session and announced its decision.
Decision and Vote:	Ms. Gordon moved that the Board of Counseling deny Dennis Gowin's application to reinstate his license to practice professional counseling. The motion was seconded and passed unanimously. The basis for this decision will be set forth in a final Board Order which will be sent to Dennis Gowin at the address of record.
Adjournment:	The Board adjourned at 3:59 p.m.

The decision shall be effective upon the entry by the Board of a written Order stating the findings of fact, conclusions of law and decisions of this formal hearing panel.

DocuSigned by:
Gerard Lawson
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Gerard Lawson, Ph.D., LPC, LSATP, Chairperson
Virginia Board of Counseling

4/25/2024
Date

DocuSigned by:
Jennifer Lang
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Jennifer Lang, Deputy Executive Director
Virginia Board of Counseling

4/25/2024
Date

Board of Counseling
Current Regulatory Actions
As of July 22, 2024

In the Governor's Office

None.

In the Secretary's Office

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-90	Proposed	New chapter for licensure of art therapists	12/2/2021	Secretary 851 days	Licenses art therapists pursuant to General Assembly legislation.
18VAC115-20	NOIRA	Removal of redundant provisions related to conversion therapy	9/21/2022	Secretary 657 days	Removes language regarding conversion therapy which has been replaced by statutory language.
18VAC115-20	Fast-Track	Regulatory reduction September 2022	9/21/2022	Secretary 584 days	Reduces unneeded regulatory requirements. Note: This regulatory action will be withdrawn at meeting due to intervening legislation.
18VAC115-20	Emergency/ NOIRA	Implementation of the Counseling Compact	5/8/2023	Secretary 357 days	Implements the Counseling Compact.

At the Department of Planning and Budget

None.

At the Office of the Attorney General

VAC	Stage	Subject matter	Submitted from agency	Time in current location	Notes
18VAC115-20; 18VAC115-50; 18VAC115-60	Final	Changes resulting from periodic review	9/12/2022	OAG 670 days	To be withdrawn at meeting due to intervening legislation

Recently effective or awaiting publication

None.

Agenda Item: Regulatory actions required by passage of House Bill 329

Included in your agenda package:

- HB329 from the 2024 General Assembly Session;
- Exempt regulatory changes to 18VAC115-50-40 as required by HB329;
- Final text of regulatory changes related to periodic review;
- Fast-track text of regulatory changes related to licensure by endorsement changes;

Staff Note: HB329 conflicts with portions of the 2018 periodic review, which at this point is very old, and the Board's fast-track regulatory reduction action, which was intended to reduce endorsement requirements but which does not make the changes dictated in HB329. Both actions need to be withdrawn.

In a separate action, the Board will be requested to initiate a new periodic review since the last occurred in 2018.

Additionally, a future regulatory committee of the Board should review the licensure by endorsement requirements for LPCs.

Action needed:

- Motion to adopt exempt regulatory changes to LMFT licensure by endorsement consistent with HB329;
- Motion to withdraw final action resulting from 2018 periodic review;
- Motion to withdraw fast-track Regulatory Reduction action.

CHAPTER 431

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

[H 329]

Approved April 4, 2024

Be it enacted by the General Assembly of Virginia:

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

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

1. A completed application;

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

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

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

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

Project 8006 - Final

Board of Counseling

Amendments to LMFT endorsement pursuant to 2024 legislation

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

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

1. A completed application;

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

3. Documentation of licensure as follows:

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

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

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

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

~~6.~~ 5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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

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

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

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

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

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

Project 5799 - Final

Board of Counseling

Changes resulting from periodic review

18VAC115-20-10. Definitions.

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

"Board"

"Counseling"

"Professional counselor"

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

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"CORE" means Council on Rehabilitation Education.

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

"Face-to-face" means the in-person delivery of clinical counseling services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

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

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

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

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

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

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in professional counseling under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

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

Every applicant for licensure examination by the board shall:

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

2. Pass the licensure examination specified by the board;

3. Submit the following to the board:

a. A completed application;

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

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

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

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

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

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

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

A. Every applicant for licensure by endorsement shall hold or have held a professional counselor license for independent clinical practice in another jurisdiction of the United States and shall submit the following:

1. A completed application;

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

3. Verification of all mental health or health professional licenses ~~or~~, certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify

for endorsement the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis;

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

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

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

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

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

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

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide [~~:~~ evidence specified in C.]

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

~~b.~~ [~~a.~~

C. Applicants for endorsement that do not meet the requirements in B 1 may provide evidence of [one of] the following:

1.] Evidence of post-licensure clinical practice in counseling, as defined in § 54.1-3500 of the Code of Virginia, at the highest level for independent practice for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical counseling services ~~or~~, clinical supervision of counseling services, or teaching graduate-level courses in counseling; ~~or~~

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

[~~b.~~ 2.] Verification of the Certified Clinical Mental Health Counselor credential from the National Board of Certified Counselors (NBCC) or any other board-recognized entity;

[~~c.~~ 3.] Evidence of an active license at the highest level of counselor licensure for independent practice for at least 10 years prior to the date of application; or

[~~d.~~ 4.] Evidence of an active license at the highest level of counselor licensure for independent practice for at least three years prior to the date of application and one of the following:

[~~(1)~~ a.] The National Certified Counselor credential, in good standing, as issued by the NBCC; or

[~~(2)~~ b.] A graduate-level degree from a program accredited in clinical mental health counseling by CACREP.

18VAC115-20-51. Coursework requirements.

A. The applicant shall have successfully completed ~~60~~:

1. The requirements for a degree in a program accredited by CACREP in clinical mental health counseling or any other specialty approved by the board; or

2. Sixty semester hours or 90 quarter hours of graduate study in the following core coursework with a minimum of three semester hours or 4.0 quarter hours in each of subdivisions ~~1 through 12~~ 2 a through 2 l of this subsection:

~~1.~~ a. Professional counseling identity, function, and ethics;

~~2.~~ b. Theories of counseling and psychotherapy;

~~3.~~ c. Counseling and psychotherapy techniques;

~~4.~~ d. Human growth and development;

~~5.~~ e. Group counseling and psychotherapy theories and techniques;

~~6.~~ f. Career counseling and development theories and techniques;

~~7.~~ g. Appraisal, evaluation, and diagnostic procedures;

~~8.~~ h. Abnormal behavior and psychopathology;

~~9.~~ i. Multicultural counseling theories and techniques;

~~10.~~ j. Research;

~~11.~~ k. Diagnosis and treatment of addictive disorders;

~~12.~~ l. Marriage and family systems theory; and

~~13.~~ 3. Supervised internship as a formal academic course of at least 600 hours to include 240 hours of face-to-face client contact. Only internship hours earned after completion of 30 graduate semester hours may be counted ~~towards~~ toward residency hours. If the academic course was less than 600 hours, the board may approve the completion of up to 100 of the 600 hours and up to 40 of the 240 hours of face-to-face client contact to be added to the hours required for residency.

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

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

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

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

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

3. Pay the ~~registration~~ resident licensure fee;

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

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

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The 3,400-hour residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

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

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

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

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

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

8. The residency shall be completed in not less than 21 months or more than four six years. [~~Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020~~ 2022.] ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

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

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

12. Residency hours shall be accepted if they were approved by the licensing board in another United States jurisdiction ~~that meet~~ and completed in that jurisdiction, and if those hours are consistent with the requirements of this ~~section shall be accepted~~ subsection.

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

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

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

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. ~~Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.~~

D. Supervisory responsibilities.

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

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract for the duration of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

3. The supervisor is accountable for the resident's compliance with residency requirements of this section.

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

~~4.~~ 5. The supervisor shall report the total hours of residency and shall evaluate the applicant's competency in the six areas stated in subdivision B 1 of this section.

~~5.~~ 6. The supervisor shall provide supervision as defined in 18VAC115-20-10.

7. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and the verification of supervision forms evaluating the applicant's competency for five years after termination or completion of supervision.

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

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

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

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

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing, and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

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

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

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

b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

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

(6) The Commission on Rehabilitation Counselor Certification.

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

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

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

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

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

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

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

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

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

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

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

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

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

professional learning experiences. The leadership positions must take place for a minimum of one year after the date of first licensure.

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

18VAC115-20-107. Documenting compliance with continuing competency requirements.

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation by a signed ~~affidavit~~ attestation on a form provided by the board.

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

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

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

B. A person who fails to renew a professional counselor license after one year or more and wishes to resume practice shall (i) apply for reinstatement~~,~~; (ii) pay the reinstatement fee for a lapsed license~~,~~; (iii) submit verification of any mental health license ~~he~~ the person holds or has held in another jurisdiction, if applicable~~,~~; (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

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

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

18VAC115-20-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

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

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

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

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

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

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

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

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

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

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

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

13. Advertise professional services fairly and accurately in a manner that is not false, misleading, or deceptive, including compliance with 18VAC115-20-52 regarding the requirements for representation to the public by residents in counseling; ~~and~~

14. Not engage in conversion therapy with any person younger than 18 years of age;

15. Make appropriate referrals based on the interests of the client; and

16. 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 is beyond the control of the practitioner shall not be considered negligent or willful.

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

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

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

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

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

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

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

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

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

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

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include familial, social, financial, business, bartering, or close personal relationships with clients. Counselors shall take appropriate professional precautions when a dual relationship

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

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

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

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

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

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

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

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

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

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license~~, including submission of an application or supervisory forms,~~ or registration by fraud or misrepresentation;

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

4. Demonstrating an inability to practice counseling 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;

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

~~5.~~ 6. Performance of functions outside the demonstrable areas of competency;

~~6.~~ 7. Failure to comply with the continued competency requirements set forth in this chapter;

~~7.~~ 8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of counseling, or any part or portion of this chapter; ~~or~~

~~8.~~ 9. Performance of an act likely to deceive, defraud, or harm the public~~.~~;

10. 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;

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

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

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

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

18VAC115-50-10. Definitions.

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"Face-to-face" means the in-person delivery of clinical marriage and family services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

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

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

"Residency" means a postgraduate, supervised clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board approval to provide clinical services in marriage and family therapy under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

18VAC115-50-20. Fees.

A. The board has established fees for the following:

Application and initial licensure as a resident	$65
Pre-review of education only	$75
Initial licensure by examination: Processing and initial licensure as a marriage and family therapist	$175
Initial licensure by endorsement: Processing and initial licensure as a marriage and family therapist	$175
Active annual license renewal for a marriage and family therapist	$130
Inactive annual license renewal for a marriage and family therapist	$65
Annual renewal for a resident in marriage and family therapy	$30
~~Penalty for late~~ Late renewal for a marriage and family therapist	$45
Late renewal for resident in marriage and family therapy	$10

Reinstatement of a lapsed license for a marriage and family therapist	$200
Reinstatement of lapsed resident license	$75
Verification of license to another jurisdiction	$30
Additional or replacement licenses	$10
Additional or replacement wall certificates	$25
Returned check or dishonored credit or debit card	$50
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

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

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

A. Every applicant for licensure by endorsement shall hold or have held a license for the independent clinical practice of marriage and family ~~license~~ therapy in another jurisdiction in the United States and shall submit:

1. A completed application;

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

3. Documentation of licensure as follows:

a. Verification of all mental health or health professional licenses ~~or~~, certificates, or registrations the applicant holds or has ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis; and

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

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

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

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

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

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

2. ~~If an applicant does not have~~ In lieu of documentation of educational and experience credentials consistent with those required by this chapter, ~~he shall~~ the applicant may provide [~~:~~ evidence specified in C.]

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

~~b.~~ [~~a.~~

C. Applicants for endorsement that do not meet the requirements in B 1 may provide evidence of one of the following:

1.] Evidence of post-licensure clinical practice as a marriage and family therapist for 24 of the last 60 months immediately preceding his licensure application in Virginia. Clinical practice shall mean the rendering of direct clinical services in marriage and family therapy

~~or.~~ clinical supervision of marriage and family services, or teaching graduate level courses in marriage and family therapy; [or]

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

[~~b.~~ 2.] Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least 10 years prior to the date of application; or

[~~c.~~3.] Evidence of an active license at the highest level of licensure for independent practice of marriage and family therapy for at least three years prior to the date of application and a graduate-level degree from a program accredited in marriage and family therapy by COAMFTE or CACREP.

18VAC115-50-55. Coursework requirements.

A. The applicant shall have successfully completed:

1. The requirements for a marriage and family therapy program accredited by CACREP [or COAMFTE] ; or

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

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

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

~~3.~~ a. A minimum of 12 semester hours or 18 quarter hours completed in marriage and family studies (marital and family development, family systems, systemic therapeutic interventions, and application of major theoretical approaches).

b. Three semester hours or four quarter hours in each of the following core areas:

(1) Human growth and development across the lifespan;

~~4.~~ (2) Abnormal behaviors;

~~5.~~ (3) Diagnosis and treatment of addictive behaviors;

~~6.~~ (4) Multicultural counseling;

~~7.~~ (5) Professional identity and ethics;

~~8.~~ (6) Research (research methods; quantitative methods; statistics); or

~~9.~~ (7) Assessment and treatment (appraisal, assessment and diagnostic procedures); and

~~10. Supervised~~ c. A supervised internship as a formal academic course of at least 600 hours to include 240 hours of direct client contact, of which 200 hours shall be with couples and families. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve the completion of up to 100 of the 600 hours and up to 40 of the 240 hours of direct client contact to be added to the hours required for residency.

B. If the applicant holds a current, unrestricted license as a professional counselor, clinical psychologist, or clinical social worker, the board may accept evidence of successful completion

of 60 semester hours or 90 quarter hours of graduate study~~, including~~. However, the applicant must provide evidence of a minimum of ~~six~~ 12 semester hours or ~~nine~~ 18 quarter hours completed in marriage and family ~~studies (marital and family development; family systems theory) and six semester hours or nine quarter hours completed in marriage and family therapy (systemic therapeutic interventions and application of major theoretical approaches)~~ therapy (marital and family development, family systems, systemic therapeutic interventions, and application of major theoretical approaches).

18VAC115-50-60. Resident license and requirements for a residency.

A. Resident license. Applicants for temporary licensure as a resident in marriage and family therapy shall:

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

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

3. Pay the ~~registration~~ [resident license] fee;

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

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

B. Residency requirements.

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

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

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

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

2. The 3,400-hour residency shall include documentation of at least 2,000 hours in face-to-face clinical marriage and family services of which 1,000 hours shall be face-to-face client contact with couples or families or both. The remaining hours of the 3,400-hour residency may be spent in the performance of ancillary counseling services. For applicants who hold current, unrestricted licensure as a professional counselor, clinical psychologist, or clinical social worker, the remaining hours may be waived.

3. The ~~residency shall consist of practice in the core areas set forth in 18VAC115-50-55.~~ applicant for licensure shall have completed a 3,400-hour supervised residency in the role of a marriage and family therapist working with various populations, clinical problems, and theoretical approaches in the following areas:

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Marriage and family therapy identity and function; and

f. Professional ethics and standards of practice.

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

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

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

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

8. Residents shall not call themselves marriage and family therapists, directly bill for services rendered, or in any way represent themselves as marriage and family therapists. During the residency, residents may use their names, the initials of their degree, their resident license number, and the title "Resident in Marriage and Family Therapy." Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision, along with the name, address, and telephone number of the resident's board-approved supervisor.

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

10. The residency shall be completed in not less than 21 months or more than ~~four~~ six years from the start of residency. [~~Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020~~ 2022.] ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-50-90 in order to maintain a resident license in current, active status.

11. Residency hours ~~that are~~ shall be accepted if they were approved by the licensing board in another United States jurisdiction and ~~that meet~~ completed in that jurisdiction and if those hours are consistent with the requirements of subsection B of this section ~~shall be accepted~~.

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

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

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

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

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

D. Supervisory responsibilities.

1. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall report the total hours of residency and evaluate the applicant's competency to the board. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and verification of supervision forms evaluating an applicant's competency for five years after termination or completion of supervision.

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

3. The supervisor shall provide supervision as defined in 18VAC115-50-10 and shall assume full responsibility for the clinical activities of residents as specified within the supervisory contract ~~for the duration~~ until completion or termination of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

4. The supervisor is accountable for the resident's compliance with residency requirements of this section.

18VAC115-50-70. General examination requirements.

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

B. An applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

C. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a marriage and family therapist.

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

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

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

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

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

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

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

b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

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

(6) The Commission on Rehabilitation Counselor Certification.

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

(8) National Association of Social Workers.

(9) National Board for Certified Counselors.

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

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

(12) The American Association of Pastoral Counselors.

2. Individual professional activities.

a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

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

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

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

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

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

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

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

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

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

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

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing ~~shall be~~ or participation in clinical supervision/consultation by signed ~~affidavit~~ attestation on a form provided by the board.

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

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

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

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

1. Apply for reinstatement and pay the reinstatement fee;

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

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

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

5. Provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank.

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

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in counseling; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

18VAC115-50-110. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

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

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

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

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

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

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

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

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

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

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

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

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including compliance with 18VAC115-50-60 regarding requirements for representation to the public by residents in marriage and family therapy; ~~and~~

14. Not engage in conversion therapy with any person younger than 18 years of age;

15. Make appropriate referrals based on the interests of the client; and

16. 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 is beyond the control of the practitioner shall not be considered negligent or willful.

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

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

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

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

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

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

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

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

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

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

1. Avoid dual or multiple relationships with clients that could impair professional judgment or increase the risk of harm to clients. Examples of such relationships include familial, social, financial, business, bartering, or close personal relationships with clients. Marriage and family therapists shall take appropriate professional precautions when a dual or

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

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

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

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

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

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

18VAC115-50-120. Disciplinary action.

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

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

2. Procurement of Procuring, attempting to procure, or maintaining a license, including submission of an application or supervisory forms, or registration by fraud or misrepresentation;

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

4. Demonstrating an inability to practice marriage and family therapy 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;

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

~~5.~~ 6. Performance of functions outside the demonstrable areas of competency;

~~6.~~ 7. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of marriage and family therapy, or any part or portion of this chapter;

~~7.~~ 8. Failure to comply with the continued competency requirements set forth in this chapter; ~~or~~

~~8.~~ 9. Performance of an act likely to deceive, defraud, or harm the public;

10. 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;

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

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

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

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

18VAC115-60-10. Definitions.

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

"Board"

"Licensed substance abuse treatment practitioner"

"Substance abuse"

"Substance abuse treatment"

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

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

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

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

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

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

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

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

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

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

"Face-to-face" means the in-person delivery of clinical substance abuse treatment services for a client or the use of visual, real-time, interactive, secured technology for delivery of such services.

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

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

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

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

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

"Residency" means a postgraduate, supervised, clinical experience.

"Resident" means an individual who has a supervisory contract and has been issued a temporary license by the board to provide clinical services in substance abuse treatment under supervision.

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

"Supervisory contract" means an agreement that outlines the expectations and responsibilities of the supervisor and resident in accordance with regulations of the board.

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

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

Application and initial licensure as a resident in substance abuse treatment	$65
Pre-review of education only	$75
Initial licensure by examination: Processing and initial licensure as a substance abuse treatment practitioner	$175
Initial licensure by endorsement: Processing and initial licensure as a substance abuse treatment practitioner	$175
Active annual license renewal for a substance abuse treatment practitioner	$130
Inactive annual license renewal for a substance abuse treatment practitioner	$65
Annual renewal for a resident in substance abuse treatment	$30
Duplicate license	$10

Verification of license to another jurisdiction	$30
Late renewal for a substance abuse treatment practitioner	$45
Late renewal for a resident in substance abuse treatment	$10
Reinstatement of a lapsed license of a substance abuse treatment practitioner	$200
Reinstatement of a lapsed resident license	$75
Replacement of or additional wall certificate	$25
Returned check or dishonored credit or debit card	$50
Reinstatement following revocation or suspension	$600

B. All fees are nonrefundable.

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

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

Every applicant for licensure by examination by the board shall:

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

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

3. Submit the following items to the board:

a. A completed application;

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

c. Verification of supervision forms documenting fulfillment of the residency requirements of 18VAC115-60-80 and copies of all required evaluation forms,

including verification of current licensure of the supervisor of any portion of the residency occurred in another jurisdiction;

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

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

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

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

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

Every applicant for licensure by endorsement shall submit:

1. A completed application;

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

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

4. Further documentation of one of the following:

a. A current license for the independent practice of substance abuse treatment ~~license~~ or addiction counseling in good standing in another jurisdiction ~~obtained by meeting requirements substantially equivalent to those set forth in this chapter~~; or

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

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

(2) If the master's degree was in substance abuse treatment, ~~two years of~~ the applicant shall have post-licensure experience in providing substance abuse treatment or addiction counseling in 24 out of the past 60 months immediately preceding the submission of the application to the board;

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

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

~~c. Documentation of education and supervised experience that met the requirements of the jurisdiction in which he was initially licensed as verified by an official transcript and a certified copy of the original application materials and evidence of post-licensure clinical practice for 24 of the last 60 months immediately preceding his licensure~~

~~application in Virginia. Clinical practice shall mean the rendering of direct clinical substance abuse treatment services or clinical supervision of such services;~~

5. Verification of a passing score on ~~a substance abuse~~ the licensure examination ~~as established by the jurisdiction in which licensure was obtained. The examination is waived for an applicant who holds a current and unrestricted license as a professional counselor within the Commonwealth of Virginia~~ prescribed in 18VAC115-60-90, or if the applicant is licensed in another jurisdiction, a licensing examination deemed to be substantially equivalent by the board;

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

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

18VAC115-60-60. Degree program requirements.

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

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

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

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

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

C. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

18VAC115-60-70. Coursework requirements.

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

~~B. The applicant shall have completed~~:

1. The requirements for a degree in a program accredited by CACREP in addiction counseling or any other specialty approved by the board; or

2. The applicant shall have successfully completed 60 semester hours or 90 quarter hours of graduate study in a general core curriculum containing a minimum of three semester hours or 4.0 quarter hours in each of the areas identified in this section:

~~1.~~ a. Professional identity, function and ethics;

~~2.~~ b. Theories of counseling and psychotherapy;

~~3.~~ c. Counseling and psychotherapy techniques;

~~4.~~ d. Group counseling and psychotherapy, theories and techniques;

~~5.~~ e. Appraisal, evaluation and diagnostic procedures;

~~6.~~ f. Abnormal behavior and psychopathology;

~~7.~~ g. Multicultural counseling, theories and techniques;

~~8.~~ h. Research; and

~~9.~~ i. Marriage and family systems theory.

~~C.~~ B. The applicant shall also have completed 12 graduate semester credit hours or 18 graduate quarter hours in the following substance abuse treatment competencies. Evidence of current certification as a master addictions counselor may be used to verify completion of the required graduate hours specified in this subsection.

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

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

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

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

5. Client and community education.

~~D.~~ C. The applicant shall have completed a supervised internship of 600 hours as a formal academic course to include 240 hours of ~~direct~~ face-to-face client contact, of which 200 hours shall be in addiction counseling or treating substance ~~abuse-specific treatment problems~~ use disorder. Only internship hours earned after completion of 30 graduate semester hours may be counted towards residency hours. If the academic course was less than 600 hours, the board may approve completion of up to 100 of the 600 hours and up to 40 of the 240 hours of face-to-face client contact to be added to the hours required for residency.

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

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

18VAC115-60-80. Resident license and requirements for a residency.

A. Licensure. Applicants for a temporary resident license in substance abuse treatment shall:

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

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

3. Pay the registration fee;

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

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

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

C. Residency requirements.

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

a. Clinical evaluation;

b. Treatment planning, documentation, and implementation;

c. Referral and service coordination;

d. Individual and group counseling and case management;

e. Client family and community education; and

f. Professional and ethical responsibility.

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

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

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

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

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

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

3. The residency shall include at least 2,000 hours of face-to-face client contact in providing clinical services with at least 1,000 of those hours providing substance abuse treatment ~~services~~ or addiction counseling with individuals, families, or groups of ~~individuals suffering from the effects of substance abuse or dependence~~ people with substance use disorder. The remaining hours (1,400 of the 3,400) may be spent in the performance of ancillary services.

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

5. The residency shall be completed in not less than 21 months or more than ~~four~~ six years from the start of the residency. [~~Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020~~ 2022~~.~~] ~~An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue.~~ A resident shall meet the renewal requirements of subsection C of 18VAC115-60-110 in order to maintain a license in current, active status.

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

7. Residents may not call themselves substance abuse treatment practitioners, directly bill for services rendered, or in any way represent themselves as independent, autonomous

practitioners or substance abuse treatment practitioners. During the residency, residents shall use their names and the initials of their degree, their resident license number, and the title "Resident in Substance Abuse Treatment" in all written communications. Clients shall be informed in writing that the resident does not have authority for independent practice and is under supervision and shall provide the board-approved supervisor's name, professional address, and telephone number.

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

9. Residency hours that are approved by the licensing board in another United States jurisdiction and ~~that meet~~ are completed in that jurisdiction shall be accepted if those hours are consistent with the requirements of this ~~section shall be accepted~~ subsection.

D. Supervisory qualifications.

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

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

E. Supervisory responsibilities.

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

2. The supervisor of a resident shall assume full responsibility for the clinical activities of that resident specified within the supervisory contract ~~for the duration~~ until completion or termination of the residency, regardless of whether the supervisor is onsite or offsite at the location where services are provided by the resident.

3. The supervisor is accountable for the resident's compliance with residency requirements of this section.

4. The supervisor shall complete evaluation forms to be given to the resident at the end of each three-month period. The supervisor shall maintain copies of supervisory contracts, quarterly reports, and the verification of supervision forms evaluating an applicant's competency for five years after termination or completion of supervision.

~~4.~~ 5. The supervisor shall report the total hours of residency to the board and shall evaluate the applicant's competency in the six areas stated in subdivision C 1 of this section.

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

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

A. Every applicant for licensure as a substance abuse treatment practitioner by examination shall pass a written examination as prescribed by the board. Such applicant is required to pass the prescribed examination within six years from the date of initial issuance of a resident license by the board.

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

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

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

~~E.~~ D. A resident shall remain in a residency practicing under supervision until the resident has passed the licensure examination and been granted a license as a substance abuse treatment practitioner.

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

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

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

2. Counseling theory;

3. Human growth and development;

4. Social and cultural foundations;

5. The helping relationship;

6. Group dynamics, processing and counseling;

7. Lifestyle and career development;

8. Appraisal of individuals;

9. Research and evaluation;

10. Professional orientation;

11. Clinical supervision;

12. Marriage and family therapy; or

13. Addictions.

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

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

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

b. Continuing education programs offered by universities or colleges.

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

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

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

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

(3) The American Association of State Counseling Boards.

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

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

(6) The Commission on Rehabilitation Counselor Certification.

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

(8) National Association of Social Workers.

(9) The National Board for Certified Counselors.

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

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

2. Individual professional activities.

a. ~~Publication/presentation/new~~ Publication, presentation, or new program development.

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

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

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

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

(5) Attendance at board meetings or disciplinary proceedings. Activity shall count for actual time of meeting or proceeding for a maximum of two hours during one renewal period.

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

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

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

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

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

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

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

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

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

a. Official transcripts showing credit hours earned; or

b. Certificates of participation.

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

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

a. Certificates of participation;

b. Proof of presentations made;

c. Reprints of publications;

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

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

f. Documentation of attendance at formal staffing or participation in clinical supervision/consultation shall be by signed ~~affidavit~~ attestation on a form provided by the board.

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

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

A. A person whose license has expired may renew it within one year after its expiration date by paying the late renewal fee prescribed in 18VAC115-60-20, as well as the license fee prescribed for the year the license was not renewed and providing evidence of having met all applicable continuing competency requirements.

B. A person who fails to renew a substance abuse treatment practitioner license after one year or more and wishes to resume practice shall (i) apply for reinstatement~~,~~; (ii) pay the reinstatement fee for a lapsed license~~,~~; (iii) submit verification of any mental health license ~~he~~ the person holds or has held in another jurisdiction, if applicable~~,~~; (iv) provide a current report from the U.S. Department of Health and Human Services National Practitioner Data Bank; and (v) provide evidence of having met all applicable continuing competency requirements not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reinstatement. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

C. A person wishing to reactivate an inactive substance abuse treatment practitioner license shall submit (i) the renewal fee for active licensure minus any fee already paid for inactive licensure renewal; (ii) documentation of continued competency hours equal to the number of years the license has been inactive not to exceed a maximum of 80 hours obtained within the four years immediately preceding application for reactivation; and (iii) verification of any mental health

license he holds or has held in another jurisdiction, if applicable. The board may require the applicant for reactivation to submit evidence regarding the continued ability to perform the functions within the scope of practice of the license.

D. A person who fails to renew a resident license after one year or more and wishes to resume his residency within the six-year limitation from the date of initial issuance of a resident license shall (i) apply for reinstatement; (ii) pay the initial licensure fee for a resident in substance abuse treatment; and (iii) provide evidence of having met continuing competency requirements not to exceed a maximum of 12 hours. The board may require the applicant for reinstatement to submit evidence regarding the continued ability to perform the functions within the scope of practice of the resident license.

18VAC115-60-130. Standards of practice.

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

B. Persons licensed or registered by the board shall:

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

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

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

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

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

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

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

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

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

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

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

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

13. Advertise professional services fairly and accurately in a manner that is not false, misleading or deceptive, including compliance with 18VAC115-60-80 regarding requirements for representation to the public by residents in counseling; ~~and~~

14. Not engage in conversion therapy with any person younger than 18 years of age;

15. Make appropriate referrals based on the interests of the client; and

16. 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 is beyond the control of the practitioner shall not be considered negligent or willful.

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

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

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

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

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

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

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

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

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

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

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

2. Not engage in any type of romantic relationships or sexual intimacies with clients or those included in a collateral relationship with the client and not counsel persons with whom they have had a romantic relationship or sexual intimacy. Licensed substance

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

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

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

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

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

may have engaged in unethical, fraudulent or unprofessional conduct as defined by the pertinent licensing statutes and regulations.

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

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

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

2. ~~Procurement of~~ Procuring, attempting to procure, or maintaining a license~~, including submission of an application or supervisory forms,~~ or registration by fraud or misrepresentation;

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

4. Demonstrating an inability to practice substance abuse treatment 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;

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

~~5.~~ 6. Performance of functions outside the demonstrable areas of competency;

~~6.~~ 7. Failure to comply with the continued competency requirements set forth in this chapter;

~~7.~~ 8. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of licensed substance abuse ~~therapy~~ treatment, or any part or portion of this chapter; ~~or~~

~~8.~~ 9. Performance of an act likely to deceive, defraud, or harm the public;

10. 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;

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

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

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

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

Project 7358 - Fast-Track

Board of Counseling

Regulatory reduction September 2022

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

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

1. A completed application;

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

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

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

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

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

~~7.~~6. An affidavit of having read and understood the regulations and laws governing the practice of professional counseling in Virginia.

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

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

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

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

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

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

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

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

1. A completed application;

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

3. Documentation of licensure as follows:

a. Verification of all mental health or health professional licenses or certificates ever held in any other jurisdiction. In order to qualify for endorsement, the applicant shall

have no unresolved action against a license or certificate. The board will consider history of disciplinary action on a case-by-case basis; and

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

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

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

~~6.~~5. A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).

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

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

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

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

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

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

Agenda Item: Initiation of periodic review of all chapters

Staff Note: Given the withdrawal of the regulatory action based on the 2018 periodic review of Chapters 20, 50, and 60, and given the length of time since other chapters have undergone periodic review, the Board should issue a new periodic review for all chapters and begin the process anew.

Note: Chapter 80, Regulations Governing the Registration of Qualified Mental Health Professionals, is not included in the list below due to current changes being implemented pursuant to legislation.

Action needed:

- Motion to initiate periodic review for the following chapters:
    - Chapter 20, Regulations Governing the Practice of Professional Counseling;
    - Chapter 30, Regulations Governing the Certification of Substance Abuse Counselors;
    - Chapter 40, Regulations Governing the Certification of Rehabilitation Providers;
    - Chapter 50, Regulations Governing the Practice of Marriage and Family Therapy;
    - Chapter 60, Regulations Governing the Practice of Licensed Substance Abuse Treatment Practitioners; and
    - Chapter 70, Regulations Governing the Registration of Peer Recovery Specialists.

Agenda Item: Petition for rulemaking

Included in your agenda package:

- Petition for rulemaking received by the Board to amend 18VAC115-20-52 to

    - Reduce the total required residency hours from 3,400 to 3,000;
    - Reduce residency client contact hours from 2,000 to 1,500; and
    - Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum;

- Public comments received through the Regulatory Town Hall regarding the petition; and

- 18VAC115-20-52.

Staff Note: 76 public comments were received regarding the petition. 45 were clearly in support, or in support of two of the three requests. 19 were in opposition. Six contained complex responses that were not easily categorized. Three did not address the petition at all but suggested other requirements or commented on other aspects of the practice of counseling. Several comments were not counted in these numbers because the comments were duplicates or extensions of a previous commenter's earlier reply that was already counted.

The Regulatory Committee reviewed this petition at its July 19th meeting and recommends that the petition be denied because the changes requested would impact multiple other regulations and requirements which need to be reviewed as well. The Regulatory Committee, however, intends to review the issues raised at a future meeting.

Action needed:

- Motion to:
    - Accept the recommendation of the Regulatory Committee to deny the petition because the changes requested would impact multiple other regulations and requirements which need to be reviewed as well, but send the matter to the Regulatory Committee to review in depth; or
    - Take no action on the petition for a different reason than that articulated by the Regulatory Committee, including reasons why; or
    - Accept the petition and initiate rulemaking.

Secretariat **Health and Human Resources**

Agency **Department of Health Professions**

Board **Board of Counseling**

Edit Petition

Petition 406

Petition Information	
Petition Title	Petition to change residency and supervision requirements for licensed professional counselors
Date Filed	3/11/2024 [Transmittal Sheet]
Petitioner	Brandy Rucker
Petitioner's Request	The petitioner requests that the Board of Counseling amend 18VAC115-20-52 to: 1. Reduce the total required residence hours from 3,400 to 3,000; 2. Reduce residency client contact hours from 2,000 to 1,500; and 3. Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.
Agency's Plan	The petition for rulemaking will be published in the Virginia Register of Regulations on March 20, 2024. The petition will also be published on the Virginia Regulatory Town Hall at www.townhall.virginia.gov to receive public comment, which will open on March 20, 2024 and will close on May 8, 2024. The Board will consider the petition and all comments in support or opposition at the next meeting after the close of public comment, currently scheduled for August 2, 2024. The petitioner will be notified of the Board's decision after that meeting.
Comment Period	Began 4/8/2024 Ended 5/8/2024 76 comments
Virginia Register Announcement	Submitted on 3/11/2024 The Virginia Register of Regulations Published on: 4/8/2024 Volume: 40 Issue: 17
Agency Decision	Pending

Contact Information	
Name / Title:	Jaime Hoyle / *Executive Director*
Address:	9960 Mayland Drive Suite 300 Henrico, 23233

Email Address:	**jaime.hoyle@dhp.virginia.gov**
Telephone:	(804)367-4406 FAX: (804)527-4435 TDD: ()-

This petition was created by Erin Barrett on 03/11/2024 at 1:09pm

Virginia Department of
Health Professions
Board of Counseling

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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,)
Rucker, Brandy M

Street Address	Area Code and Telephone Number	
6218 Strongbow Dr	8508907753	
City: Moseley	State: Virginia	Zip Code: 23120

Email Address (optional)
bmrucker@yahoo.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.

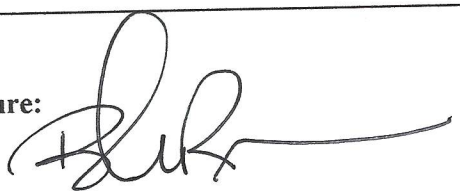
Virginia Department of Health Professions Board of Counseling (2023), requires that LPC residents complete "a 3,400-hour supervised residency in counseling practice with 2,000 hours of face-to-face client contact."

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

I propose the following change to the LPC face-to-face requirements in the state of Virginia: "A resident must document 3,000 hour supervised residency in counseling practice with various populations, clinical problems, and theoretical approaches with 1500 hours of face-to-face client contact within this 3,000 hour supervised residency." Residency hours in excess of 1500+ may increase the likelihood of burnout, unnecessary supervision costs, low pay, the need for multiple work sites to increase hours, and future counselors who abandon the field altogether. Mental health is a need, and the demand is growing. Why do LCSWs and LPCs both require a master's level education, nationally recognized exams, and accredited programs yet have to meet substantially different supervision hours to perform commensurate work. LPCs serve amongst a wide range of other mental health professions to include LCSW's performing in similar work settings to include hospitals, private practices, community health and schools.

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.

None

Signature: 

Date: 29 Feb 2024

Virginia Department of
Health Professions
Board of Counseling

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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,)
Rucker, Brandy M

Street Address	Area Code and Telephone Number	
6218 Strongbow Dr	8508907753	
City: Moseley	State: Virginia	Zip Code: 23120

Email Address (optional)
bmrucker@yahoo.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.

Virginia Department of Health Professions Board of Counseling (2023), requires that LPC residents complete "A minimum of 200 hours of supervisory sessions, occurring at a minimum of 1 hour and a maximum of 4 hours."

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

I propose the following change to the LPC supervision requirements in the state of Virginia: "A minimum of 1 hour and a maximum of 4 hours (as needed) of weekly supervision must be documented as completed by the approved supervisor. The approved supervisor does not need to provide a specific number of hours per quarter. They will only annotate if the weekly minimum requirements were met for that quarter, continuing until all direct and indirect supervision hours have been reached. This change will mitigate the cost of additional supervision, reallocating funds to further training and development for residents. This change will hopefully facilitate an increase in licensed counselors to contribute to our deficits within the mental health community. The state of Virginia projects a shortage of licensed mental health providers. However, many professionals cannot stay in the field and continue their licensure process due to the constraints of low pay, unfavorable work conditions, and supervision costs.

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.

None

Signature: 

Date: 29 Feb 2024

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Agency **Department of Health Professions**

Board **Board of Counseling**

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

76 comments

All good comments for this forum Show Only Flagged

Back to List of Comments

Commenter: Anonymous 4/9/24 8:16 am

LPC Residency and Supervision Hours Amendment

I am in support of these changes. I feel it will help those individuals transferring from other states whom are not independently licensed as an LPC since every state board has different requirements to obtain licensure. Being we are a military heavy community, I feel this could also benefit military spouses whom may be currently working in the field and pursuing licensure as LPC or are looking into beginning a career as a helping professional since the length of their spouse's tour is limited.

CommentID: **222501**

Commenter: Anonymous 4/10/24 6:53 am

Please review these proposed changes

According to a qualitative study called "*United We Stand: Narrative Study to Aid the Counseling Profession in Developing a Coherent Identity*", "In the area of supervised experience, a majority 62% (n=2) of the states **require 3000 total hours of post-master's supervised counseling experience** (ACA, 2016). Ten other states come close ranging from 2400 to 3600 hours, and five states require 4000 total hours. A majority of states, 62% (n=31) require **100 hours of supervision**. Six percent (n=3) require 180-200, 8% (n=4) require 120-150, another 8% (n=4) require between 50-80, and 17% (n=9) do not specify a number of hours of supervision" (Bohecker and Eissenstat, 2018).
With the upcoming counseling compact, why does Virginia continue to be in the minority for supervision requirements? Licensure portability is changing for the good. Can we also address the vast differences in supervision requirements alongside these changes? If 62% of the U.S. finds 3000 total hours of supervision sufficient, what's happening in Virginia which requires 4,000 total hours with the graduate level internship
The state of Virginia projects a shortage of licensed mental health providers. However, many professionals cannot stay in the field and continue their licensure process due to the constraints of low pay, work conditions,

and supervision costs. Therefore, setting new residents on a sustainable path to licensure is difficult. Lastly, MSW supervisees often work alongside LPC residents yet are required a "minimum of 3,000 hours of supervised post-masters degree experience in the delivery of "clinical social work services" and "ancillary services" meet with your supervisor for 1-4 hours per week for a total of 100 hours of individual face-to-face supervision Meet with clients face-to-face a minimum of 1,380 hours while providing clinical social work services." (Virginia Department of Health Professions Board of Social Work, 2023). MSW's have a much broader scope yet less requirements. It's time to review, adjust and bridge the gap. I agree with this petition and the need for revision.

References: Eissenstat, S. J. and Bohecker, Lynn, "United We Stand: Narrative Study to Aid the Counseling Profession in Developing a Coherent Identity" (2018). Psychology E ducat or Scholarship. 24.
https://mosaic.messiah.edu/psych_ed/24
CommentID: **222504**

Commenter: Jessica Johnson

4/11/24 1:01 pm

Residency Requirements

I agree with the proposed changes considering the state's recent acceptance of compact licensure. This will also reduce the pressure and expedite completion of the required face-to-face hours because services can be provided in a hybrid or solely telehealth model of care.

CommentID: **222509**

Commenter: Anonymous

4/12/24 11:36 am

Petition to reduce/change hours

I agree with this petition about the need to change the number of hours needed to earn LPC licensure. Mental health counselors are critically needed. As a veteran teacher of 30 years that is transitioning to the field of Clinical Mental Health Counseling, I see students struggling with mental health every day. I also hear stories of students waiting for months on a waitlist to get help because of shortages. Some families struggle to afford counseling services for their children. Even though these families may have insurance coverage, Resident Counselors pursuing their LPC can only accept insurance clients based on their supervisor's credentialing. This creates a situation where a Resident in Counseling may be available to counsel but the family cannot afford to "self pay" because the counselor cannot accept their insurance.

I fully understand the state of Virginia wanting counselors to be highly qualified. But, the excessive hours are beyond what is needed to be highly qualified.

CommentID: **222511**

Commenter: Anonymous

4/13/24 9:56 am

Adopt recommended changes

I agree with the proposed amendments to licensure hour requirements. As a Resident in Counseling I have seen first hand the difficulties imposed on both clients and licensure candidates due to current exorbitant hour requirements. Reducing the hours would make Virginia more in line with other state requirements, reduce resident burnout, and improve mental health services access to our communities. Thank you for your consideration.

CommentID: **222512**

Commenter: Anonymous

4/13/24 2:22 pm

Supervision Hours

The reduction in hours of direct client-contact to be more in line with comparable state's requirements makes sense. However, I disagree with the need to change the structure of supervision requirements. Residents typically have access to at least once per week, but often if a resident is only pursuing licensure at part-time rates, then supervision once per week does not make financial sense for either the resident or the supervisor if it is included in an employment contract. The full 200 hours could potentially be reduced. However, that conversation is much more nuanced than simply removing the overall requirement.

CommentID: **222513**

Commenter: R. Fines

4/21/24 1:58 pm

Beneficial changes

These changes would be highly beneficial for aspiring counselors. It allows them to gain practical experience more efficiently, which can lead to earlier entry into the workforce. The reduced supervision hours provide flexibility and ensure that they are adequately supported while developing their skills. This streamlined approach can help counselors reach licensure faster and start positively impacting clients sooner.

CommentID: **222519**

Commenter: Very Concerned Client

4/22/24 3:19 am

Ethics Issues

There is a significant issue going around with Licensed Counselors for some years being non--factual with information and making records corrections/adjustments/amendments exceptionally difficult. Most agencies/personnel with whom I have worked regarding my disabled child will notate whatever they want, and then IF they provide the required opportunity to address/amend/correct records, they provide a LOT of resistance, and then only maybe agree to 'amend'/correct records with an 'attachment' which is not guaranteed nor monitored. Records amendments/adjustments/corrections MUST be able to be made on Original Documentation in a way that it CANNOT be separate/d. At times I've seen agencies in collusion together to determine what THEY want (mostly in terms of billing) and document things in a way that benefits THEIR billing, and NOT what's in the best interests and/or honesty for the client. This practice needs to be stopped with STRONG policy language, CLEAR outlines/examples of violations which can constitute licensure revocation, suspension, cancellation and non-renewal. Enforcement is necessary for the safety, welfare and medical recordation for other providers and in files for collaborative services FOR the best interests of each client.

CommentID: **222520**

Commenter: Justin Jordan PhD LPC LSATP

4/23/24 9:52 am

I trust the board to weigh the positive and negatives of this change

Hello,

As others have stated, this is a very nuanced issue for counselor training. Weekly supervision throughout the residency is beneficial in ensuring client issues and resident development issues

don't "fall through the cracks", but also creates some inequity and difficulty for residents who are working to become counselors on a part time basis. 200 hours is a high bar for the residency period, but we should be holding our residents to a high bar for learning how to do this work. I am proud to be licensed in Virginia, where I know my fellow counselors have had those hours in supervision to learn and grow and tackle new situations that are unfamiliar. I am opposed to changes designed to "just make it easier" to get licensed quickly. It seems that the current set up in which residents must have one hour of supervision per 40 hours of work time seems fair to residents and supervisors. Most of all, I hope the board will be thoughtful in ensuring that Virginia maintains a high training standard for residents pursuing their LPC, especially with the Counselor Compact legislation expanding our opportunities to serve clients in other states in the years ahead.

Justin Jordan PhD LPC LSATP
CommentID: **222524**

Commenter: Anonymous 4/24/24 1:00 pm

Accompanying Jurisprudence

While I agree wholehaeartedly that the number of hours a person completes under supervision is not a direct signe of comptency and can be modified in an appropriate manner, I strongly believe that additional measure need to be intituted to ensure that new and continuing therapists are competent. While additional testing may not be the answer, I would recommend some form of skills based jurisprudence be instituted to support this change with minimal risk to consumers.

CommentID: **222531**

Commenter: Anonymous 4/29/24 7:58 pm

Maintain the requirements to uphold professional standards

Maintaining rigorous requirements for counselor licensure is crucial for upholding professional standards and ensuring the provision of high-quality mental health care. These standards not only safeguard clients' well-being but also promote continuous professional development among counselors, fostering a culture of excellence in the field. By upholding stringent requirements, we safeguard against subpar practitioners, thereby preserving the integrity and effectiveness of counseling services.

CommentID: **222552**

Commenter: Anonymous 4/29/24 8:04 pm

Maintain requirement for direct hours

While I recognize the process to be cumbersome, it does help to ensure that a resident is prepared should they choose solo practice. I believe that the 2000 direct hour requirement helps to provide that competency.

CommentID: **222553**

Commenter: Anonymous 4/29/24 8:47 pm

Proposed Changes to Residency and Supervision Requirements

As a current supervisor who has been a supervisor since 2011 in PA and since 2019 in VA, I want to share that for various reasons there are residents who can only obtain supercision hours on a biweekly basis as they are caring for family members, working full time jobs , and as there are natural breaks when holidays roll around, people are ill, or when life happens. To say that supervision would have to take place only weekly is a diservice to these individuals who cannot access supervision weekly.

Please consider having flexibility about the structure of how residents obtain supervision hours as there are many who can only participate in supervision activities biweekly.

I am opposed to the decrease in the requirements as proposed here. I strongly believe in holding our profession to the highest standards as we are in a position of providing vital specialized care to others. I see what supervision provides and equips new counselors with, how it supports the development of a high quality skillset, and feel that adequate hours and effective supervision helps new counselors and reach higher standards. To lessen the number of direct client hours required or to change the structure of supervision to "weekly" sessions will weaken the attainment of a strong clinical skillset and reduce what supervision provides new professional counselors who are just starting out. The quality of licensed professional counselors should be held in highest regard, and therefore so should their training requirements. The current requirements as they are now are effective in ensuring that newly licensed professional counselors are well equipped to practice on their own or in a group practice, and that they provide a high quality standard of care to their clients.

CommentID: **222554**

Commenter: Anonymous

4/29/24 9:08 pm

Residency Hours and Supervisors

I feel as though the hours to obtain for licensure should be reduced and mirror in both LPC and LMFT programs. The direct client time should also be reduced as well. Supervisors should be made to take a cultural competency course and do retraining’s after 5 years to ensure they meet the standards as a supervisor.

CommentID: **222556**

Commenter: Anonymous

4/29/24 10:24 pm

Comment

Looking at the DHP case decisions between 1/1/23 and 4/29/24, one will quickly find that counseling far outweighs other mental health fields (i.e., Psychology and Social Work) in ethical violations and sanctions. I don't think we are in a position to lower our standards. Further, while I agree that the process can be tedious and can feel as if it will never end at times, I think there is something to be said for meeting a certain metric when it comes to competent practice. Reducing the 3400 to 3000 may make sense, as ancillary hours can be easily met. However, I don't think direct hours should be reduced. Finally, the proposed supervision requirement is unrealistic and creates additional barriers. Not all residents see 40 clients within a week, and it is impossible to account for sickness, reschedule, and guarantee adequate coverage if a supervisor cannot meet that week. Further, supervision comes at a financial burden to the Resident - even when it is "covered" by the agency, it is how the egregiously low pay tends to be justified. I urge the board to keep the direct hours and supervision requirements as currently written. Perhaps efforts should be made to improve the requirements and training of supervisors themselves.

CommentID: **222558**

Commenter: Anonymous

4/29/24 10:34 pm

Supervision needs to be better

These adjustments reflect the evolving landscape of mental health care and acknowledge the need for flexibility in training programs. However, as we advocate for these changes, we must ensure that ethical responsibility and comprehensive training remain at the forefront.

While reducing total required residence hours and residency client contact hours can make the path to licensure more accessible, it's crucial to maintain the integrity of the counseling profession. Adequate training and supervised experience are fundamental to providing quality care to clients. Therefore, I suggest incorporating specific language within the amendments that emphasize the importance of ethical practice and ongoing professional development. To that end, real change would be improving requirements and training for those in supervisory positions.

Furthermore, while transitioning from a minimum of 200 hours of supervision to a requirement for weekly supervision with no minimum might streamline the process, I think a clearly defined minimum requirement should be attainable and realistically met. The proposed one is not.

CommentID: **222559**

Commenter: Anonymous

4/29/24 11:26 pm

Standards for LPC's should remain high to compete well with other disciplines.

Having been in the helping profession for over 35 years now, I have seen a huge lack of respect for LPC's, especially from the field of social work. We are already not taken as seriously as LCSW's and are grossly under utilized in some arenas. For example, as far as I know, we are not utilized by Medicare or Tricare/military yet. In a world where there is currently a pressing need for more therapists, we are still not seen as "good enough" compared to LCSW's. I would hate to give them one more reason to think we don't measure up. Our training is essentially the same as theirs at the moment (equal but different with some subjects), it's just laid out differently. The LCSW internship is longer, but our residency is longer. So shortening any of it may put us in question. Sometimes I wish the two disciplines would merge into one, helping is helping, therapy is therapy. The whole Hatfield & McCoy feud thing is getting old.

CommentID: **222560**

Commenter: Jill A. Hagen, LPC, LSATP

4/30/24 7:44 am

Lower standards?

I have been in the counseling field since 1974. I have always found that extensive supervision and practice makes for better service. Reducing minimums of residency and supervison will likely result in decrease in skills and increase in major oversights on the part of the Counselor. Having taught and supervised Counselors (both paraprofessional and graduate level), they are usually under prepared for the hard and sensitive work even at the current required levels. I have always been concerned that residents only need to meet minimum standards. Reducing requirements will result in deaths and LPC status undermined.

CommentID: **222561**

Commenter: Anonymous

4/30/24 8:20 am

Concerns

I am more recent in coming into the profession than some of those who have commented. I have concerns with reducing required hours. Just as we would want our medical professionals to have as comprehensive and through training as possible, as mental health professionals, I feel that we need the same. I find reduced requirements concerning.

CommentID: **222562**

Commenter: Shante Williams

4/30/24 9:05 am

Support for changes

I am in support of changing the residency and supervision requirements for LPC Residents.

CommentID: **222563**

Commenter: Anonymous

4/30/24 9:13 am

Petition

As a current graduate intern, I have found the hours to be overwhelming. I have questioned if I even want to move forward due to the time, effort, energy, and money that I will have to invest (only to be told that those going into the field should be more focused on helping others instead of making a decent livable salary). I don't think reducing the residency hours will have that great of an impact. Nor will the reduction of supervision hours. One has to remember that in addition to the residency, most (if not all) will have to had complete an internship with their program which includes supervision hours and direct contact hours as well. A potential LPC has them and those hours of experience working in a professional capacity. While the requirements are there to ensure adequate training, they are also a barrier for those who want to enter the field. Reducing the hours is not going to create a new generation of LPC's who are not ready or unable to provide quality ethical services. However, it may encourage those who are thinking about getting into the field to move forward with the process.

CommentID: **222564**

Commenter: Anonymous

4/30/24 9:32 am

Do no harm

Why would we lower our standards in a field where harm could be done. Our profession handles life and death situations, and it is proposed that inexperienced or new clinicians need less experience and supervision? That is outrageous. This proposal needs to be denied for the safety of our clients.

CommentID: **222565**

Commenter: Anonymous

4/30/24 9:48 am

Agree Do No Harm

I agree with the comments of Do No Harm. As a licensed supervisor I observe mental heath counseling is a highly nebulous field, as in no 2 cases are the same, and it is not as easy as an antibiotic, so to speak, prescription to cure. Even the best prepared LPCs on gaining licensure are still very green. Very green with much to learn. I absolutely disagree with lowering any LPC entry standards or requirements across-the-board.

CommentID: **222566**

Commenter: Anonymous

4/30/24 9:52 am

Lowering hours lowers opportunities for multi-state licenses

From what I understand VA has some of the most stringent licensing hours, so this can be viewed as a bad thing for those entering the field, but it also allows for us to more easily apply for licensing in other states. This is beneficial for expanding our businesses or if we need to move at some point in our lives. I find it a relief to know that when the counseling compact comes in to play that all the hours I spent for licensing will most likely be enough to gain more state licenses without having to gain more hours. I rather have done what's necessary in the beginning of my career rather than later. I would table this decision until the counseling compact has been fully integrated and we have a clear understanding and of the process.

CommentID: **222567**

Commenter: Anonymous

4/30/24 10:01 am

No!! Gatekeeping is there for a reason...

This is ridiculous. As a multi-state licensed trauma therapist, looking at the caliber of residents and supervisees that are coming into the field after receiving their training online during COVID, residents/supervisees need MORE supervision, not less. What happened to being the "gatekeepers" of the profession? We are the LOWEST paid medical professionals that are held to the HIGHEST standards of care and we want to reduce supervision? This petition is the reason we are not taken seriously in the greater medical community!

I firmly DISAGREE with lowering our standards further.

CommentID: **222568**

Commenter: Anonymous

4/30/24 10:14 am

Supervision

I do not agree that lowering hours is a good idea - we need all the training and support we can get as we enter into a field as demanding and challenging as counseling. However - I would propose we make WEEKLY supervision a thing while keeping 200 hours of supervision as a requirement. BOTH AND.

CommentID: **222569**

Commenter: Anonymous

4/30/24 10:38 am

Agree, makes the licensure process comparable to other states.

I highly encourage folks to check out licensure requirements for LCSW, and LPCs in other states- to include MD and DC. VA has extremely rigorous requirements. Residents typically pay for supervision as well; making it an expensive investment as well as a time consuming one. Many residents work other jobs while working to obtain licensure because the sites they work at do not pay a livable wage.

According to white paper completed by Motivo Health—57% of graduates never even complete the licensure process! Which means the massive crisis we are facing with the shortage in clinicians is starting as soon students leave grad school. “https://motivohealth.com/whitepaper-the-57-percent-who-never-attain-licensure/?utm_campaign=0323-whitepaper&utm_source=website&utm_medium=banner

My own journey toward licensure has taken many years longer than my graduate school peers because the counseling jobs I needed to work to get hours did not pay enough for me to live in Northern VA as a single person. I’ve been working full time in my daytime career unrelated to counseling and then part time as a therapist to get my hours—it’s exhausting and expensive and time consuming! This is the reality for many of us who do not have family to support us or live in dual income homes.

I think this would be a welcome change to people who really are passionate about this field but have been challenged by the financial burden of getting toward licensure.

CommentID: **222570**

Commenter: LPC for 25 years

4/30/24 11:02 am

NO!!!! Against the changes...

With the current world falling apart and changes occurring by the second (not good ones , mind you), being a therapist has become more and more challenging. Once we had the "walking wounded", now, there is a plethora of very serious and deep issues therapists have to deal with . Do no harm. And to live by that , the rules need to stay the same....maybe even add more...for quality training. Would you go to a surgeon that had less training?

Where is this coming from? Is this the new generation that has had things handed to them and now want it easy? Poor babies...well, tough toenails....WE ALL PAID THE DUES, PUT IN TIME AND HAD FINANCIAL BURDENS!!! And somehow we managed....WE DID IT AND SO CAN YOU!! Time to grow up.

CommentID: **222571**

Commenter: Suzan K. Thompson, Ph.D., LPC

4/30/24 12:04 pm

LPC since 1996

Every profession evolves, hopefully for the better with each iteration. I am honored to have a license from Virginia -- the first state to license COUNSELORS separately from psychologists and social workers! As a former full-time faculty member, current LPC supervisor and private practice counselor, I believe it is time for Virginia to align with the majority of states in its requirements, especially with the Counseling Compact in effect now AND the shortage of qualified LPCs. Times have changed and regulations have changed slowly -- now it's time for Virginia to make appropriate changes to requirements to earn the LPC.

CommentID: **222572**

Commenter: Sophia Sills-Tailor

4/30/24 12:43 pm

Time for Change

I agree that these changes need to be made.

CommentID: **222573**

Commenter: LPC, LCPC of 12+ years

4/30/24 1:46 pm

Keep the requirements.

2,000 direct hours is an average of 9.6 hours per week over 4 years. Or, an average of 19.23 hours over 2 years. A full time caseload for most independently practicing therapists is typically considered 20 hours per week. So, essentially we are asking residents to work an equivalent of two years' worth of full time direct clinical hours in order to minimally consider them as competent and independently licensed.

I think that's beyond reasonable. Especially in a field where our scope of knowledge is so broad, and more and more we're realizing our clients are multi-faceted and often co-occurring. Depression, anxiety, ADHD, Autism, OCD, psychosis, substance abuse, trauma, eating disorders, peri/postpartum, etc. We should not be rushing through the process. Too often I see clients who have been ineffectively treated in the past due to a lack of general knowledge by previous therapists to simply screen for various conditions and refer out as needed. We're not expected to be experts in everything, but I am not convinced that LESS experience and supervision is appropriate or wouldn't cause harm.

I also think that the current board's requirement for a minimum ratio of 1 hour of supervision per 40 hours of experience is appropriate. Realistically, with holidays and time off, the actual calendar week equivalent is less than 1 hour per week when averaged out, so there is flexibility there (it's just messy to calculate/track). A work week looks different for different providers, whether part-time or otherwise, so I strongly advise against the petitioner's recommendation for a flat 1 hour of supervision per week.

For those referencing the desire for residents to be less financially burdened and be free of their dependence on toxic workplaces, I will say I completely understand from personal experience. However, that is another matter to address independent of the need to ensure competent therapists ready to practice independently upon issue of their medical license.

CommentID: **222574**

Commenter: Anonymous

4/30/24 2:33 pm

Times Have Changed

As a current Resident in Counseling I am in favor of lowering the amount of required hours for licensure. The number 3,400 seems arbitrary and is not indicative of someone's ability to work with clients effectively. Not to mention there is a shortage of therapists nationally and more than 50% of potential clinicians who start residency are not able to complete it.

CommentID: **222575**

Commenter: Shelby DeBause

4/30/24 2:59 pm

Long time supervisor, and I do not support these changes

As a person who has been supervising for 8 years, I typically see that residents need the full amount of hours of experience, hours, and supervision that are the current standards. I understand that the road to licensure is seen by many as long and challenging, but frankly, it is meant to be so that only those truly dedicated and ready to serve pass through the gates into independent licensure. I would hate to see our profession fall into lowering our standards, and urge people to think about the reputational damage this may have on counseling long term. To protect clients, clinicians, and the field itself, I warn against these changes.

CommentID: **222576**

Commenter: William Moncure

4/30/24 3:52 pm

Mixed - Current Supervision Hours Excessive, Consider Slight Reduction

Currently, if a Resident receives one hour of supervision a week, it would take them nearly four years to finish their hours. If they work 40 hours a week with one hour of supervision, they would end up with 8,000 total hours before finishing their supervision hours. Even if they receive two hours of supervision per week, they would end up with 4,000 total hours, which is in excess of current requirements (regardless of whether they are reduced as this petition requests). I have known many Residents who have finished all of their clinical hours, but have to stay as Residents for months (costing them thousands of dollars) only to complete supervision hours. I think we should consider 150 supervision hours as a requirement instead of 200.

In addition, graduates of CACREP Doctoral programs can count their Internship hours for "up to 900 hours of the residency requirement and up to 100 of the required hours of supervision". One option that would help out some people would be to also count the same number of Practicum and Internship hours from non-CACREP accredited Doctoral degrees in Counseling and related fields, provided that the individual applying for licensure already has a Master's degree that meets the Board's requirements for licensure as an LPC. This change would help recognize already obtained valuable experiences these individuals have and help increase access to mental healthcare in Virginia.

I have more mixed feelings about reducing total hours and direct hours, but I do know that our requirements are much higher than some other states.

Some commenters here have mentioned that our current standards make it easier to become licensed in other states, but an accurate understanding of the Counseling Compact is that one only has to be licensed in their home state to practice under the Compact - the goal is that we do not need to meet licensure requirements in other states. With that said, even with some of these changes, such as the number of supervision hours, we would still have higher requirements than the vast majority of states. Thank you for considering my thoughts.

CommentID: **222577**

Commenter: Suzanne Nixon

4/30/24 7:15 pm

in support

I support these changes. VA requirements are not in alignment with other states, and I believe the hours are overly extensive.

CommentID: **222578**

Commenter: Anonymous

4/30/24 7:45 pm

Easier for clinicians moving from out of state

Hello! The requested change of requirements would match other states. I am moved to Virginia from Tennessee and am licensed in TN. I have not reached the 2 year mark for post licensure, so I am having to do extra supervision to reach Virginia's standards. I think it makes more sense for all states to generally have the same requirements.

CommentID: **222579**

Commenter: Anonymous

5/1/24 7:21 am

Petition comment

To Whom It May Concern,

I am writing today to support some of the changes and wish that the rules would read this way:

For the comments 1 and 2, I believe that the Supervisor should be required to approve the acceleration for the individual resident. Mechanically the requirement would remain 3400 hours and 2000 hours respectively. Yet, the supervisor could petition the board when the resident reaches 2800 & 1300 hours to recommend the resident be approved at 3000 and 1500 hours. Not all residents are prepared for an early release of hours, but most/many will and therefore should be allowed to become fully licensed.

3. I think this change is critical as sometimes its difficult to manage schedules to ensure the "When" of a supervision hour occurs and all hours by a resident should be counted even if illness/vacation etc delay a supervision appointment. Also, a smart resident will increase their supervision in the beginning of residency when its truly needed, and relax the supervision frequency near the end of residency. They should be granted the opportunity to do what's best and right for their needs.

CommentID: **222580**

Commenter: Anonymous

5/1/24 11:19 am

Support

I think adjusting based on current times is appropriate. We spend so much money to get the degree and then sometimes have to pay absurd amounts for supervision. That's another area that should be governed. We're not saying make it so that anyone can decide to get licensed however, make it doable.

CommentID: **222581**

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

5/1/24 12:12 pm

Strongly support with a caveat

There are several reasons why I support this petition with one caveat: change the "weekly" requirement for supervision to 100 hours which can still be a combination of individual and group supervision and change .

I have supervised many supervisees/residents since 1995 in the public system in various roles, in private practice as employees, and those in their own private practices. As I continue to do so, my recommendation is:

- 3000 hours total work

- 1500 hours face-to-face/direct work
- 100 hours of supervision with a minimum of 1 hour per 40 hours of work
- Supervision provided only by a trained LPC supervisor

#1. LCSWs in Virginia are only required to have 100 hours of supervision, 3000 hours of work experience with 1,380 hours of face-to-face supervised work experience. If the Virginia Department of Health Professions feels that's adequate for social workers, they should be adequate for professional counselors. It would be interesting to find out why the requirements were made so much more rigorous for counselors in the first place. Was it because, as the first state in the U.S. to license counselors they wanted to be sure they could support the requirements for licensure? Or could it have been that at the time there were no specified graduate programs (like CACREP) that would make the training consistent over the various graduate programs and they wanted to be sure counselors were adequately trained? In any case, that is no longer an issue. For that reason, the current imbalance of requirements between LCSWs and LPCs is extremely unfair because it: a.) burdens LPCs with the additional extreme financial expense of paying for twice as much supervision and b.) with the higher total work time requirement it postpones the resident's licensure and ability to take insurance (if wanted) in order to earn a livable wage?

#2. Understandably there are some who may suggest that we, as LPCs, want to have a higher standard for counselors than social workers. However, in the real world, is the public (our clients) making the choice of social worker vs counselor for therapy because of the licensure requirements? It's unlikely that the public has any idea about the difference. The way to maintain a high standard and consistency in our field is for LPC supervision to be provided only by LPC supervisors and not LMFTs who have different educational requirements or LCSWs (as was suggested in a recent petition to be an option again), who have even a greater difference in educational requirements and educational focus.

#3. As was outlined in a previous comment, many states require much less than 200 hours of supervision for LPCs with most only requiring 100 hours. The fact that the Counseling Compact (which includes Virginia) will allow only LPCs (not LMFTs) to request and be granted a privilege to practice in another Compact state, it's important for us to maintain the integrity of professional counselor licensure. This is another reason to eliminate LMFTs as LPC supervisors. So, changing Virginia's licensure requirements to be more in line with many other states would be a timely and welcome change.

Lastly, the reason supervision should not be based on a weekly schedule is because some residents work part-time or very limited hours. It would be unreasonable to expect, for instance, someone working 10 hours per week to be required to have the same one hour of supervision as someone working 40 hours per week. Some residents who have difficulty finding clients, especially when starting their practice, shouldn't have to pay for the same amount of supervision as a resident who has a full caseload and works full time.
CommentID: **222582**

Commenter: Anonymous

5/1/24 1:23 pm

Maintain standards

I agree that the 200 hour requirement for supervision can be challenging to meet within a reasonable timeframe if you consider 1 hour of weekly supervision over the course of residency. Lowering the required hours of supervision makes sense to me.

Lowering the required hours of client contact however, makes no sense to me given how much there is to master over the course of a residency to truly serve various client populations well. Over the 20+ years that I have been in the field I have seen the complexity of the issues clients are

presenting with only grow and being thoroughly trained and equipped to work with these clients is essential for those who want to be mental health counselors.
CommentID: **222585**

Commenter: Anonymous 5/1/24 2:26 pm

Support change

I am in support of the proposed changes.

CommentID: **222586**

Commenter: Anonymous 5/1/24 7:16 pm

Agree with the proposal except for the weekly supervision meetings

I support the proposed changes except for the weekly supervision meetings. The number of supervision hours should be reduced but not all residents are working full time and some will have to have a break in their schedule because of maternity leave, caring for an ill or dying family member, or recovering from surgery. You may not be able to get in any hours or you may be able to get in a few hours during this time.

CommentID: **222587**

Commenter: Anonymous 5/2/24 2:40 pm

Support in part

I don't support decreasing the total required hours, but I do support decreasing the direct supervision hours. I'll be starting my residency next month. I could get my 3,400 hours and 2,000 direct hours in 85 weeks, but to get 200 direct supervision hours in 85 weeks, I'd have to get about 2.5 hours of supervision weekly. That's hard to do. Change it to one hour minimum per week, regardless of the length of the residency.

CommentID: **222591**

Commenter: Anonymous 5/2/24 9:48 pm

FULLY SUPPORT THE CHANGES!

I worked in schools as a licensed school counselor for 12 years then began my LPC residency. I have been working on that for over two years so far and still have half a year to finish the hours. If required direct hours are reduced then qualified residents can be done much sooner and make a living wage. Residents don't make enough money to support themselves much less purchase health insurance. I support the proposed changes.

CommentID: **222592**

Commenter: Student 5/3/24 10:46 am

Please change requirements

I am in support of the following:

1. Reduce the total required residence hours from 3,400 to 3,000;
2. Reduce residency client contact hours from 2,000 to 1,500; and
3. Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.

Having received my master's in counseling, professional experience in the field and now taking three more courses to pursue my residency in the state of VA, the current requirements seem unnecessarily high. If programs are CACREP approved students should be receiving the education and experience they need. Graduate students also receive supervision during their 600 hours of internship.

If requirements stay the same, supervision should be free and counselors in residency should be paid a livable salary. Thank you.
CommentID: **222593**

Commenter: Anonymous 5/5/24 4:09 pm

In full support

Removing the minimum hours for supervision means since residents have to remain under supervision the entirety of the residency anyway. No matter how many hours per 200 they accrue. Also, my residents work multiple jobs to get face face hours. Many are burnt out before they get the LPC and are thinking about other avenues of work. So reducing hour requirements for face to face and total hours sounds fair.

CommentID: **222594**

Commenter: Pedro A 5/6/24 10:45 am

In full support.

I am in full support of modifying the requirements for full licensure. I do not believe it will compromise the quality of care. Moreover, it will help expedite fielding much needed licensed practitioners.

CommentID: **222595**

Commenter: Jasmine Johnson, The Up center 5/6/24 5:08 pm

Support

I support!

CommentID: **222598**

Commenter: Graduate Intern 5/6/24 6:03 pm

Support Petition for changes

Let me start off by saying that if I did not think this was my calling, I would not be attempting to complete this whole process. When I initially looked at the requirements, I put of enrolling in school for a year because I wasn't convinced the payoff would be worth the sacrifice. I have had to quit a well-paying job to find a way to incorporate my internship hours. And now I'm hearing about the discord around counselors being told they shouldn't get into the field for money??? So, after

racking up student loans and literally working years to get licensed we shouldn't expect to make a livable salary?? This is why people are not looking at getting into this field. Students get burned out before we are even able to have the benefit of saying we have a license and then we get slapped on the hand if we mention that we would like to be able to afford our necessities, but work/life balance is preached from the rooftops-but not for us. I know friends who have left the field to pursue jobs in IT or other fields that pay way more and have less stress. And that will continue to be the case if things are not changed. There is already a shortage of mental health professionals, and it is projected to only get worse in the next couple of years.

Those who have commented that they have been in the field for decades and that they were able to figure it out and make it work, well done. That was then. However, just because that is the way it was does not mean that is the way it needs to remain. If the petition had been made then to reduce the hours, I'm sure some would have jumped at it but don't be bitter because it wasn't, and you had to suck it up. This "generation" isn't lazy. We aren't lacking work ethic. We have been provided the opportunity to look at a requirement that may be more detrimental than beneficial to bringing good talent into the field. A reduction in hours does not automatically mean an influx of unqualified LPC's. Are we saying that other states that have less direct contact/supervision hours are producing subpar LPC's? I have met some counselors who have gone through the process and are horrible at their job but stay because of the money and time invested. It is the person doing the work. Either they have a passion, or they don't. If changes are not made, the outcome will be a loss of talent and those who do "suck it up" will be coming in burned out and questioning their life decisions. With these changes, no one is being handed a license on a silver platter. Time, effort and energy will still have to be invested so please stop gatekeeping.
CommentID: **222599**

Commenter: Anonymous

5/6/24 8:27 pm

Do not support

Like all health professions residency allows for the necessary training to become proficient in the field. We should not lower LPC standards as this does not benefit clients. Lower the standards will increase liability.

CommentID: **222600**

Commenter: Kristi

5/6/24 9:29 pm

Do Not Support Lowering Standards

The standards set are to ensure that people entering the field are ready to work safely, ethically, and independently. The hours required give residents the opportunity to explore different areas and populations as well as to become proficient in various therapeutic modalities. This training is to certify that clients have experienced therapists to work with.

Additionally, the field of counseling has been working hard to be seen as having skills and knowledge commensurate with social workers and other similar fields. Lowering standards will not help us to establish equitable training and skill sets.

CommentID: **222601**

Commenter: Anonymous

5/7/24 9:13 am

Anonymous

Support the change. If approved, implement required trainings every few months to stay up to date with following clinical practices, laws, and ethics.

CommentID: **222604**

Commenter: Anonymous

5/7/24 2:36 pm

In Support of Proposed Changes

I endorse the proposed amendments to licensure hour requirements. As a Resident in Counseling, I've directly observed the burdens placed on both clients and licensure candidates by the current excessively high hour requirements. Decreasing these demands would not only bring Virginia more in line with other state standards but also address the critical issue of limited availability of mental health services in our communities. Your careful consideration of these changes is deeply appreciated.

CommentID: **222605**

Commenter: Julie Sayre

5/7/24 6:04 pm

Maintain the current standards

The proposed changes represent a significant decrease in the practices that have shown to produce competent therapists. I have been a clinical supervisor/instructor in a well-structured program with a rigorous curriculum; and a graduate of that program. Practicum hours provide a solid clinical foundation; individual and group supervision enhance this learning journey with guidance and support. I remember the relief in finishing my hours, and shared with many others as they happily completed their requirements. Never once in over twenty years have I heard a single practitioner assert the belief that they knew all they needed to know at 75% of completion of their contact hours (1500 vs. 2000) or halfway through their required supervision (200 hours vs 100 - i.e., weekly for a couple of years). We risk compromising clinical competence with a lowering of the licensing requirements.

CommentID: **222607**

Commenter: Another concerned Resident

5/8/24 7:12 am

Full Support

Please consider these changes at least in part, if not all. Some providers don’t keep up with the changes in the field and industry and this evident in the comments. We are on the brink of the counseling compact. Other providers licensed in other states will be able to practice in VA with the rules of the compact. Are we going to gatekeep this as well because their requirements didn’t ours. Thats just one update. It’s time to review this. I understand there are providers who had to do 8,000 hours for licensure 20 years ago, but we’ve got more education, better theoretical perspectives and training now. For goodness sake, look at the strides we’ve taking in trauma therapy over the past 20 years. The field is evolving. Please review this for change. Thank you.

CommentID: **222610**

Commenter: LeeAnn Gumulauskas, LPC

5/8/24 11:40 am

Support Changes

As an LPC licensed in multiple states and LPC Supervisor in Virginia and Wisconsin, I support these changes. As others have stated in their feedback, I would suggest a wording change that residents complete 100 hours of supervision, rather than "weekly" supervision, as weekly is subjective and residents see clients a wide variety of hours in a week.

With the improvement of education and more rigorous requirements of CACREP training, clinicians are entering the field more prepared than previously. A reduction in requirements is NOT a reduction in quality of practice. I see it as bringing Virginia in line with other states as the counseling compact becomes usable.

I would like to see:

- 3000 hours work total
- 1500 hours face to face/direct work
- 100 hours of supervision (minimum of 1 per 40 hours of work)
- Supervision by LPC trained supervisor
- Can not complete residency/ apply for LPC in less than 2 years.
- Successful passing of NCMHCE or NCE

CommentID: **222612**

Commenter: Anonymous 5/8/24 12:04 pm

Petition for Change in LPC Supervision Requirements

I am fully supportive of this decision and I hope the board makes the right decision

CommentID: **222613**

Commenter: Kellie McCall 5/8/24 12:09 pm

Support changes

I support the recommended changes for LPC residency requirements! As a resident, I have much to say about this experience and would be open to conversations with anyone who would like to take the time.

Thank you.

CommentID: **222614**

Commenter: Anonymous 5/8/24 12:15 pm

Revised Opinion

I am appreciating reading other perspectives on this issue and wish to change my vote. I can align with what Sharon and others are saying and agree that part, the number of total hours required needs to be in line with other states. Thank you.

CommentID: **222615**

Commenter: Alexa Malatesta, PWC Emergency Services 5/8/24 12:19 pm

Change in Supervision/Residency Requirements123

I fully support this decision to lower the hours required for supervision and residency! The goal of residency is to become as experienced and well-rounded as possible. That being said, the number of hours required can take a very big toll on those seeking licensure and can lead to burnout. Thank you to the Board for this consideration!

CommentID: **222616**

Commenter: Anonymous 5/8/24 12:27 pm

Fully Support change

Fully support reducing current expectations of hours. Currently hours are excessive.

CommentID: **222617**

Commenter: Anonymous 5/8/24 12:48 pm

Support the jours reduction/ Make it easier for out of State clinicians

-Make it easier for clinicians moving from out of state to count their hours from out of state and consider that some states Grauduate school hours differ and should not stop person from obtaining RIC in VA. The repsonse should not be go back to school when the person already holds an acredited masters degree and the intern hours are fewer than what expected in VA. They should be able to make up difference in hours as a RIC .

- Im for the reduction in hours

CommentID: **222618**

Commenter: Susan McAlister 5/8/24 1:11 pm

Changes to Supervision/Licensure Requirements

I fully support changes that would lesson the burden on residents who are working to become LPC's in the state of VA.

To bring the VA requirements more in line with other states will increase the likelihood of license portability down the road so that we can have an overall standard for the industry.

The need for counselors is great and retaining a robust but reasonable (more in line with other states) process, benefits us all.

Finally, with the economy we have now, and the requirements in place now, it can take a resident in counseling on average of 3 years of lower pay and increased expenses to gain all the hours required. We are losing people due to the economic ramifications of this process. These changes would be a step in the right direction.

CommentID: **222619**

Commenter: Tiara Robinson 5/8/24 1:13 pm

Change is needed

I fully support the changes to the required licensure hours to be changed. I believe this change will benefit and help many residents who are trying to finally finish the needed hours promptly.

CommentID: **222620**

Commenter: Anonymous 5/8/24 1:15 pm

Support changes

I am in full support of this decision. As a single mom working towards licensure, with a full time position where clients are unreliable, I am unable to fully meet these requirements without having to now, secure a part time position. This has created a bit more stress for me because I have so little resources. Knowing that my requirements may possibly be shortened, will be a huge weight off my shoulders. Please consider all suggestions diligently.

CommentID: **222621**

Commenter: Sharon Watson, LPC, LMFT, LSATP, NCC, ACS 5/8/24 1:35 pm

Strongly support with a caveat - Additional comments

I would like to add to my initial comment submitted 5/1/24 after reading subsequent comments in order to correct some misinformation and address some of the commentors' concerns.

I would like to correct my initial sentence from 5/1/24 to read:
There are several reasons why I support this petition with one caveat: change the "weekly" requirement for supervision to 100 hours which can still be a combination of individual and group supervision.

1. LPCs are now able to take Medicare clients if they so choose.
2. LPCs have been able to take Tricare for several years.
3. "Reducing requirements will result in deaths" seems a catastrophizing conclusion. With that logic are we to assume that LCSWs, because they're only required to have 100 hours of supervision, have more client deaths than if they were required to have 200 hours of supervision?
4. Re the concern there are more case decisions against LPCs than LCSWs. It's possible this is a skewed assessment. First of all, some of the case decisions during that period are for QMHPs not LPCs. Second, some case decisions were not for client care, but were fines for failing to meet the CE requirement (still not acceptable, of course). Third, is it that almost all LPCs are practicing as therapists/counselors whereas it's possible that many LCSWs are working in social services and not doing counseling and therefore less likely to have a complaint against them? Regardless of these possibilities, it's problematic to assume there are many more complaints in counseling than social work without researching the issue.
5. For the individual who wrote "one hour of supervision per 40 of work time seems fair" and then did not support the petition is incorrectly calculating the requirement. The current requirement is 3,400 hours of total work. If that is divided by 40 hours of total work with one hour of supervision per 40 it would mean the resident would only have 85 hours of supervision when the current requirement is 200. So why not support the petition requiring 100 hours of supervision? Its likely many people don't know the history of the requirements and subsequent changes. When the regulations for licensure were set up in Virginia, the 200 hours of supervision were initially based on a supervisee working full time (40 hours) over the course of 2 years (104 weeks minus likely 4 weeks of vacation) totaling 4000 hours (40 x 100 = 4000). Those 4000 hours were then reduced to 3,400 when the regulations were changed to include the 600 hours of internship in graduate school. So, to reach the 200 hours of supervision now required, a resident has to receive 2 hours of supervision per week. Therefore, reducing the hours to 100 is actually what the petitioner is suggesting.

6. For the individual who wrote reducing supervision hours would result in “subpar” LPCs, would that mean that LCSWs, who only have 100 hours of supervision, are SUBPAR?
7. For the individual who said “I have seen a huge lack of respect for LPCs, especially from the field of social work”, I agree that I have sometimes experienced the same. Isn’t it possible, though, that the lack of respect may be due to social workers being first in the field as counselors (because LPCs didn’t exist at the time) and that LPC licensure coming onto the landscape was possibly threatening to their livelihoods, their professional philosophies, or because LPCs were using different theories or practices due to the differences in graduate programming/educational requirements and not because of our licensure/residency requirements? In any case, I suggest we don’t allow the perception that some social workers may not respect LPCs to define who we are as LPCs and cloud our decisions on what licensure requirements we should support for ourselves.
8. For “Do No Harm” who said lowering the standards is “outrageous” and “needs to be denied for the safety of our clients”: are you saying that LCSWs who only have 100 hours of supervision are affecting the safety of clients? Have you put in a petition to the Board of Social Work to increase the required 100 hours of supervision for LCSWs to 200 hours so their current low requirements won’t be “outrageous”?
9. For “Lowering hours lowers opportunities for multi-state licenses,” relating that to the Counseling Compact needs to be clarified. Every state that passes the Compact legislation has agreed to accept the standards (the number of supervision hours, total work hours, and F2F hours) that are required for LPC licensure in every other Compact state whether the requirements are higher or lower than their own. Also, importantly, it will not require applying for licensure (and meeting individual state requirements) which is the purpose of the Compact. It will entail requesting a “privilege to practice” in another Compact state regardless of what requirements you’ve met in your own home state. What you’ve suggested that may be true, is that it may make it easier to be grandfathered into another state’s licensure if you move to a non-Compact state.
10. For “LPC for 25 years” so, because the requirements were hard for you, you want to make sure that others suffer like you did? I was licensed and in the field 30 years ago. I had 400 hours of supervision: 300 for LPC (because at the time group was counted for half, i.e. I had 200 hours of group and 100 hours of individual) and then I had an additional 100 hours of supervision for my CSAC. Despite that, I’m still supporting this petition with my caveat (100 hours of supervision and not weekly) because as one writer noted “we have evolved” in that our graduate programs are better, supervisors are required to have 20 hours of supervision training, and I believe our field is better monitored now than it was in the past.
11. The idea of “weekly” supervision does not meet the needs of some residents who have very small practices due to various reasons. I’ve had residents that had to have supervision over the course of 5 years due to having only a few clients because of personal circumstances (with granted extensions) because they needed to reach 200 hours. When put in that perspective 200 hours of supervision seems excessive.

“Very Concerned Client” – Is not addressing the petition. But to clarify, based on my training in the public sector, any diagnoses, charting, and progress noting CANNOT be changed because they are part of the permanent record and are date stamped. If they were changeable, a clinician that actually did something inappropriate would be able to go back and modify the record to make it appear they did nothing wrong. So, those who are declining to change the record are doing so because of the fact that the record cannot be changed. A client is allowed however, to write anything about how and why they dispute the accuracy of the record and ask for what they write to be added to the record.
CommentID: **222622**

Commenter: Leah Tharp

5/8/24 2:11 pm

Strongly Support Changes

I am in full support of making changes to the LPC training requirements. I believe that with CACREP standards, we are entering residency well equipped and are becoming ready for full licensure sooner as a result. By bringing Virginia more in line with other states, we would be acknowledging the hard work of Virginia residents without compromising the integrity of the training piece. I am in support of 3,000 total hours, 1500 face to face, and 100 supervision hours. I am surrounded by competent residents who are ready for licensure but are forced to continue as a resident due to the outdated number of hours needed currently. Not to mention that shortening these requirements will ease a financial burden on residents!

CommentID: **222623**

Commenter: Nettia Banton

5/8/24 2:53 pm

Partial Support of Changes

I am a current resident and at the end of my residency. I support the first two items on the petition:

1. Reduce the total required residence hours from 3,400 to 3,000
2. Reduce residency client contact hours from 2,000 to 1,500

I do not support the third change mentioned:

1. Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.

I think this requirement is too restrictive, and does not align with the practical experience for many residents. I think the standing requirement is better suited for residents to obtain supervision proportionate to clinical practice. Also, if the client contact hours are reduced, I would suggest also reducing the required supervision hours as well (possibly to 185 hours).

CommentID: **222624**

Commenter: Anonymous

5/8/24 8:35 pm

Support to make changes

I am in support of the proposed changes to reduce residency client contact hours to 1,500. As a Resident in Counseling, I have experience working in an outpatient mental health practice as well as an intensive in-home agency. There are several barriers throughout the licensure process in regard to fulfilling the requirements. In outpatient practices, clients typically prefer a licensed clinician who is more likely to take their insurance and are less likely to want to pay out-of-pocket for a clinician who has less experience. This makes it difficult and a timely process to gain a full caseload and places financial strain on the resident who only receives payment for client contact hours. In community mental health settings, Medicaid reimbursements are also low and Residents burn out quickly as they are working many hours with clients with high needs and may not receive the adequate support and supervision to best support their clients and themselves. Virginia's residency requirements are more stringent than most states, and I believe that they prevent passionate students and residents from obtaining full licensure due to financial hardships, lack of adequate supervision/support, and difficulty accruing hours in some cases. These factors are not indicative of the capability and competency of the resident to provide quality care, but rather external factors that exacerbate the challenges of obtaining licensure. I believe that 1,500 client contact hours still provides residents with a comprehensive and learned background to enter licensure more confidently, while allowing residents to have more self-efficacy in completing residency and contributing to more residents remaining in the counseling profession. Research suggests that approximately 40-50% of residents do not complete residency, which contributes to

the current mental health crisis and a lower quality of care in the mental health fields because licensed clinicians are overbooked and burned out or have long waiting lists. I believe that these changes would allow newer clinicians to contribute positively to the counseling profession by increasing the likelihood of remaining in the field.
CommentID: **222625**

Commenter: Anonymous 5/8/24 9:04 pm

In Support of the Changes

It has been extremely difficult to accrue all of the hours needed for licensure in Virginia while raising a family, working, and being in school. Additionally, reducing the required hours would not only help increase the number of mental health professionals who can accept various insurances but also reduce the workforce deficit in the field across the State.

CommentID: **222627**

Commenter: Anonymous 5/8/24 9:10 pm

Partial Agreement

I am a current resident at the beginning of my residency. I support the first two items on the petition:

1. Reduce the total required residence hours from 3,400 to 3,000
2. Reduce residency client contact hours from 2,000 to 1,500

I do not support the third change mentioned:

1. Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.

The weekly requirement is too restrictive, especially for new residents who may not have many clients. I also suggest if contact hours are reduced supervision hours also be reflectively reduced.

CommentID: **222629**

Commenter: Anonymous 5/8/24 9:41 pm

Change is needed.

As someone who is going through their second LPC residency, I believe change is needed again. When I started my first post-graduate job at a Virginia CSB in 02/2007, most LPC's were not open to providing supervision and were selective in what jobs qualified for supervision. If you wanted residency supervision, you had to pay for it. There were Residents in Counseling who could not afford LPC supervision at that time. So, they gained experience but were unable to count the hours without supervision. I have at least 9 years of post-graduate experience at this time. 6.5 of those years do not count towards my current residency because they were either completed prior to 2012 or I did not have a supervisor for licensure. During the past decade, we have overcome the limited availability of licensed supervisors by requiring direct supervisors to be licensed. Now that there are supervisors available, the way in which face-to-face hours are counted has drastically changed.

The reason change is still needed is that overall residency hours may have been reduced from 4000 hours to 3400; however, face-to-face hours are still 2000. It was never about how many total hours were needed. The main hurdle is the 2000 face-to-face hours needed. The Virginia Board of

Counseling distinguishes between direct services and face-to-face services, which limits the amount of hours that are allowed to be counted toward the 2000. For comparison purposes, here are requirements for licensure by state:

Alabama: 3,000 hours of supervised experience in professional counseling with board approved supervision.

Alaska: 2 years or 3,000 hours of post-master's supervised experience in professional counseling, including 1,000 hours of direct client contact and 100 hours of face-to-face supervision.

Arizona: 2 years/3,200 hours of full-time post-master's supervised work experience in psychotherapy, including assessment, diagnosis, and treatment. 100 hours of clinical supervision and 1,600 hours of direct client contact are required.

Arkansas: 3 years or 3,000 hours of post- Master's supervised counseling experience (1 year = 1,000 hours).

Colorado: 2 years/2,000 hours of post- Master's practice in applied psychotherapy under board approved supervision. 100 hours of supervision are required, 70 of which must be individual supervision.

Connecticut: 1 year/3,000 hours of post- Master's supervised experience in professional counseling. A minimum of 100 hours of direct supervision by an appropriately licensed individual is required.

District of Columbia: 2 years/3,500 hours of post- Master's supervised professional counseling experience. 200 hours of supervision must be under an LPC (100 hours must be immediate supervision).

Idaho: 1,000 hours of supervised experience in counseling, with 400 hours of direct client contact and a minimum of 1 hour face-to-face supervision for every 20 hours of experience. Supervised practicum and/or internship taken at the graduate level may be utilized.

Louisiana: 2 years/3,000 hours of post-Master's supervised experience in professional mental health counseling under the clinical supervision of a board approved supervisor, to be completed in no more than 7 years. Hours to include: 1,900 - 2,900 hours of direct client contact in individual or group counseling. A maximum of 1,000 hours additional client contact, counseling related activities or education at the graduate level in the field of mental health. A minimum of 100 hours of face-to-face supervision. Only 50 hours may be group supervision. 500 hours of supervised experience may be gained for each 30-graduate semester hours beyond Master's degree, but must have no less than 2,000 hours of supervised.

Pennsylvania: 3 years/3,600 hours of supervised clinical experience after completing 48 graduate-level credits (or 72 quarter hours).

South Carolina: 2 years/1,500 hours of full-time post-Master's supervised clinical experience in the practice of professional counseling. The 1,500 hours must be direct counseling with individuals, couples, families, or groups. A minimum of 150 hours of the 1,500 hours must be clinical supervision provided by a board approved LPC supervisor (100 hours must be individual supervision).

Texas: 3 years/3,000 hours of post- master's supervised experience, including 1,500 hours of direct client contact.

When you ask yourself why there are not enough LPC's to meet the increased demands of placed on the Virginia mental health system, please realize that the requirements in face-to-face hours limits a majority of RIC's from being licensed in 3 years.

The Board of Counseling states that residency hours must be completed within four years. There are no current provisions about the time period in which COVID was a major health concern. COVID limited face-to-face contact and reduced the amount of services provided to clients. I will

say that my first year of residency during COVID resulted in less than 100 face-to-face hours and I work in a program that operates 24/7 regardless of weather, pandemic, etc.
CommentID: **222630**

Commenter: Anonymous

5/8/24 9:44 pm

Comments

The petitioner requests that the Board of Counseling amend 18VAC115-20-52 to:

1. Reduce the total required residence hours from 3,400 to 3,000;

2. Reduce residency client contact hours from 2,000 to 1,500; and

3. Change supervision requirements from a minimum of 200 hours to a requirement for weekly supervision with no minimum.

I am open to keeping the residency hours the same or reducing the hours from 3400 to 3000 post graduate hours as long as minimum clinical hours are required during the internship.

I do not concur with reducing the client contact hours or the minimum supervision hours.

If someone is working 35 to 40 hours in a clinical setting then their work should be primarily working with clients (performing screening, intake, orientation, counseling etc) and obtaining hours should not be attainable in a 2 year period.

My concern as a clinical supervisor is that many recent residents show little proficiency in basic counseling skills, diagnosing, understanding theory or the application of theory. Much of the growth and skills are developed with hands on experience and quality supervision.

My suggestions would be to include a mini-exam or case conceptualization once a year to demonstrate what they learn on the job and how they apply their skills.

Other issues to be addressed may include school programs not adequately preparing individuals with foundational skills, supervisors are having to spend more time teaching basic concepts or are too busy to provide quality supervision. Finally, a large percentage of residents are in positions/roles that are not primarily clinical. The hands on experience is a must.

I think there has to be larger conversation around if and how to revise the requirements while ensuring that quality is being maintained.

CommentID: **222631**

Commenter: Anonymous

5/8/24 9:45 pm

Comments

The petitioner requests that the Board of Counseling amend 18VAC115-20-52 to:

1. Reduce the total required residence hours from 3,400 to 3,000;

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I do not concur with reducing the client contact hours or the minimum supervision hours.

If someone is working 35 to 40 hours in a clinical setting then their work should be primarily working with clients (performing screening, intake, orientation, counseling etc) and obtaining hours should be attainable in a 2 year period.

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Other issues to be addressed may include school programs not adequately preparing individuals with foundational skills, supervisors are having to spend more time teaching basic concepts or are too busy to provide quality supervision. Finally, a large percentage of residents are in positions/roles that are not primarily clinical. The hands on experience is a must.

I think there has to be a larger conversation around if and how to revise the LPC requirements while ensuring that quality is being maintained.
CommentID: **222632**

Commenter: Anonymous

5/8/24 10:23 pm

Support This Change

There have been some comments regarding "people dying" and the safety of clients declining if changes are made to licensure requirements. To those that have made those comments, do you know the Virginia state code for someone who is a danger to themselves, others or is unable to independently care for themselves due to mental illness? Do you know what requirements are needed to hospitalize someone involuntarily for mental health reasons? The Department of Behavioral Health and Developmental Services (DBHDS) does not require a person to be licensed by the Board of Counseling or Board of Social Work. DBHDS has educational and certification requirements/trainings to make decisions regarding involuntary inpatient admission. The notion that changes to licensure requirements will cause more deaths or a decline in the safety of clients is illogical. The state has checks and balances that protect clients from harm.

CommentID: **222633**

Commenter: Breanna Matthews

5/8/24 10:44 pm

I Fully Support

I fully support the change being brought before the Board to change the required licensure hours. This change will allow many residents to obtain their required hours more efficiently and still provide effective services to clients.

CommentID: **222634**

Part II. Requirements for Licensure as a Professional Counselor

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

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

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

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

3. Pay the registration fee;

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

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

B. Residency requirements.

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

a. Assessment and diagnosis using psychotherapy techniques;

b. Appraisal, evaluation, and diagnostic procedures;

c. Treatment planning and implementation;

d. Case management and recordkeeping;

e. Professional counselor identity and function; and

f. Professional ethics and standards of practice.

2. The residency shall include a minimum of 200 hours of in-person supervision between supervisor and resident in the consultation and review of clinical counseling services provided by the resident. Supervision shall occur at a minimum of one hour and a maximum of four hours per 40 hours of work experience during the period of the residency. For the purpose of

meeting the 200-hour supervision requirement, in-person may include the use of secured technology that maintains client confidentiality and provides real-time, visual contact between the supervisor and the resident. Up to 20 hours of the supervision received during the supervised internship may be counted toward the 200 hours of in-person supervision if the supervision was provided by a licensed professional counselor.

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

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

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

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

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

8. The residency shall be completed in not less than 21 months or more than four years. Residents who began a residency before August 24, 2016, shall complete the residency by August 24, 2020. An individual who does not complete the residency after four years shall submit evidence to the board showing why the supervised experience should be allowed to continue. A resident shall meet the renewal requirements of subsection C of 18VAC115-20-100 in order to maintain a license in current, active status.

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

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

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

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

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

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

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

3. Hold an active, unrestricted license as a professional counselor or a marriage and family therapist in the jurisdiction where the supervision is being provided. At least 100 hours of the supervision shall be rendered by a licensed professional counselor. Supervisors who are substance abuse treatment practitioners, school psychologists, clinical psychologists, clinical social workers, or psychiatrists and have been approved to provide supervision may continue to do so until August 24, 2017.

D. Supervisory responsibilities.

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

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

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

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

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

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

Statutory Authority

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

Historical Notes

Derived from Virginia Register Volume 16, Issue 13, eff. April 12, 2000; amended, Virginia Register Volume 24, Issue 24, eff. September 3, 2008; Volume 30, Issue 19, eff. July 3, 2014; Volume 32, Issue 24, eff. August 24, 2016; Volume 36, Issue 2, eff. October 16, 2019; Volume 37, Issue 20, eff. June 23, 2021.

Agenda Item: Review of draft exempt regulatory changes pursuant to Senate Bill 403

Included in your agenda package:

- SB403 from the 2024 General Assembly Session;
- Draft regulations for new professions of behavioral health technicians and behavioral health technician assistants; and
- Draft regulatory changes to QMHP regulations.

Staff Note: These draft regulatory changes were reviewed by the Regulatory Committee. The remaining decisions to be made relate to the number of didactic hours of training required for registration as a BHT, BHTA, or QMHP. Staff will provide information on number of hours in existing programs as a guide.

The full Board will review these exempt regulatory changes at its meeting on October 4, 2024. The Board will vote to adopt the regulations at that meeting, following a public hearing on the changes.

Action needed:

- None. Discussion only related to number of hours of didactic training.

CHAPTER 595

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

[S 403]

Approved April 5, 2024

Be it enacted by the General Assembly of Virginia:

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

§ 54.1-3500. Definitions.

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

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

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

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

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

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

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

"Board" means the Board of Counseling.

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

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

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

"Counseling" means the application of principles, standards, and methods of the counseling profession in (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health.

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

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

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

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

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

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

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

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

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

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

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

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

"Registered peer recovery specialist" means a person who by education and experience is professionally qualified and registered by the Board to provide collaborative services to assist individuals in achieving sustained recovery from the effects of addiction or mental illness, or both. A registered peer recovery specialist shall provide such services as an employee or independent contractor of the Department of Behavioral Health and Developmental Services, a provider licensed by the Department of Behavioral Health and Developmental Services, a practitioner licensed by or holding a permit issued from the Department of Health Professions, or a facility licensed by the Department of Health.

"Residency" means a post-internship supervised clinical experience registered with the Board.

"Resident" means an individual who has submitted a supervisory contract to the Board and has

received Board approval to provide clinical services in professional counseling under supervision.

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

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

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

§ 54.1-3505. Specific powers and duties of the Board.

In addition to the powers granted in § 54.1-2400, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To administer the certification of rehabilitation providers pursuant to Article 2 (§ 54.1-3510 et seq.) of this chapter, including prescribing fees for application processing, examinations, certification and certification renewal.

5. [Expired.]

6. To promulgate regulations for the qualifications, education, and experience for licensure of marriage and family therapists. The requirements for clinical membership in the American Association for Marriage and Family Therapy (AAMFT), and the professional examination service's national marriage and family therapy examination may be considered by the Board in the promulgation of these regulations. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for marriage and family therapists shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for professional counselors.

7. To promulgate, subject to the requirements of Article 1.1 (§ 54.1-3507 et seq.) of this chapter, regulations for the qualifications, education, and experience for licensure of licensed substance abuse treatment practitioners and certification of certified substance abuse counselors and certified substance abuse counseling assistants. The requirements for membership in NAADAC: the Association for Addiction Professionals and its national examination may be considered by the Board in the promulgation of these regulations. The Board also may provide for the consideration and use of the accreditation and examination services offered by the Substance Abuse Certification Alliance of Virginia. The educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed substance abuse treatment practitioners shall not be less than the educational credit hour, clinical experience hour, and clinical supervision hour requirements for licensed professional counselors. Such regulations also shall establish standards and protocols for the clinical supervision of certified substance abuse counselors and the supervision or direction of certified substance abuse counseling assistants, and reasonable access to the persons providing that supervision or direction in settings other than a licensed facility.

8. To maintain a registry of persons who meet the requirements for supervision of residents. The Board shall make the registry of approved supervisors available to persons seeking residence status.

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

10. To promulgate regulations for the registration of peer recovery specialists who meet the qualifications, education, and experience requirements established by regulations of the Board of Behavioral Health and Developmental Services pursuant to § 37.2-203.

11. To promulgate regulations for the issuance of temporary licenses to individuals engaged in a counseling residency so that they may acquire the supervised, postgraduate experience required for licensure.

Article 4.

Behavioral Health Technicians and Qualified Mental Health Professionals.

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

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

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

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

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

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

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

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

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

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

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

C. Pursuant to regulations adopted by the Board, an applicant for registration as a qualified mental health professional shall submit evidence satisfactory to the Board that the applicant has (i) completed a

specified number of hours of didactic education in a program or programs recognized or approved by the Board; (ii) received, at a minimum, a bachelor's degree from an institution of higher education accredited by an accrediting agency recognized by the Board; and (iii) accumulated a specified number of hours of Board-approved supervised experience.

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

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

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

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

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

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

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

Part I

General Provisions

18VAC115-90-10. Definitions.

A. The following words and terms when used in this chapter shall have the meaning ascribed to them in 54.1-3500, 54.1-3518, and 54.1-3519 of the Code of Virginia:

"Board"

"Behavioral health technician"

"Behavioral health technician assistant"

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

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"NPDB" means the National Practitioner Data Bank.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised.

"Supervisor" means an individual who assumes responsibility for the activities of a person under supervision and who provides supervision consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

18VAC115-90-20. Fees required by the Board.

A. The Board has established fees for the following:

Registration as a behavioral health technician	$40
Registration as a behavioral health technician assistant	$25
Renewal of registration	$30
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$500

B. Unless otherwise established by the board, all fees shall be nonrefundable.

18VAC115-90-30. Current name and address.

A. Each registrant shall furnish a current name and address of record to the Board.

B. Registrants shall notify the Board in writing within 60 days of:

1. Any name change; or

2. Any change of address of record or of the registrant's public address if different from the address of record.

Part II

Requirements for Registration

18VAC115-90-40. Requirements for registration as a behavioral health technician.

An applicant for registration as a behavioral health technician shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-90-20;

2. An associate's degree or higher verified by an official transcript from an institution of higher education accredited by the U.S Department of Education or an accrediting agency recognized by the board;

3. Evidence of completion of __ hours of didactic education in a program recognized or approved by the Board;

4. A current report from the NPDB, if applicable; and

5. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a behavioral health technician shall have no unresolved disciplinary action on any license, certification, or registration in any jurisdiction. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-90-90.

18VAC115-90-50. Requirements for registration as a behavioral health technician assistant.

An applicant for registration as a behavioral health technician assistant shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-90-20;

2. Evidence of a high school diploma or equivalent;

3. Evidence of completion of __ hours of didactic education in a program recognized or approved by the Board;

4. A current report from the NPDB, if applicable; and

5. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a behavioral health technician assistant shall have no unresolved disciplinary action on any license, certification, or registration in any jurisdiction. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-90-90.

Part III

Renewal of Registration

18VAC115-90-60. Annual renewal of registration

All registrants as a behavioral health technician or a behavioral health technician assistant shall renew their registrations on or before June 30 of each year. The registrant shall submit:

1. A completed form for renewal of the registration;

2. An attestation to completion of two hours of continuing education in ethics; and

2. The renewal fee prescribed in 18VAC115-90-20.

Part IV

Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-90-70. Standards of practice

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

B. Persons registered by the board shall:

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

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of behavioral health technicians or behavioral health technician assistants.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

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

1. 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 willful or negligent.

2. Disclose client records to others only in accordance with applicable law.

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

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate services provided, progress, and termination.

D. Persons registered by the board shall:

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. As necessary, persons registered by the board shall recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

18VAC115-90-80. Grounds for revocation, suspension, restriction, or denial of registration

The board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

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

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. 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, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of behavioral health technicians or behavioral health technician assistants, or any regulation in this chapter;

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

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

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

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

10. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-90-100. Late renewal and reinstatement

A. A person whose registration as a behavioral health technician or behavioral health technician assistant has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-90-20 for the year in which the registration was not renewed.

B. A person who fails to renew registration as a behavioral health technician or behavioral health technician assistant after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Provide a current report from the NPDB, if applicable; and

4. Submit evidence of completion of two hours of continuing education in ethics for each year in which the registration has been inactive or lapsed, not to exceed eight hours.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-90-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-90-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

Part I
General Provisions

18VAC115-80-10. Definitions.

~~"Accredited" means a school that is listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website. If education was obtained outside the United States, the board may accept a report from a credentialing service that deems the degree and coursework is equivalent to a course of study at an accredited school.~~

~~"Applicant" means a person applying for registration as a qualified mental health professional.~~

"Board" means the Virginia Board of Counseling.

~~"Collaborative mental health services" means those rehabilitative supportive services that are provided by a qualified mental health professional, as set forth in a service plan under the direction of and in collaboration with either a mental health professional licensed in Virginia or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure.~~

"DBHDS" means the Virginia Department of Behavioral Health and Developmental Services.

"Face-to-face" means the physical presence of the individuals involved in the supervisory relationship or the use of technology that provides real-time, visual, and audio contact among the individuals involved.

"Mental health professional" means a person who by education and experience is professionally qualified and licensed in Virginia to provide counseling interventions designed to facilitate an individual's achievement of human development goals and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with mental health and development.

~~"Qualified mental health professional" or "QMHP" includes qualified mental health professionals-adult and qualified mental health professionals-child.~~

~~"Qualified mental health professional-adult" or "QMHP-A" means a qualified mental health professional who provides collaborative mental health services for adults. A qualified mental health professional-adult shall provide such services as an employee or~~

~~independent contractor of the Department of Behavioral Health and Developmental Services or the Department of Corrections, or as a provider licensed by the Department of Behavioral Health and Developmental Services.~~

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

~~"Qualified mental health professional-trainee" means a person who is receiving supervised training to qualify as a qualified mental health professional and is registered with the board.~~

~~"Registrant" means a QMHP registered with the board.~~

18VAC115-80-20. Fees required by the board.

A. The board has established the following fees applicable to the registration of qualified mental health professionals:

Registration as a QMHP~~-A~~	$50
~~Registration as a QMHP-C~~	~~$50~~
Registration as a QMHP-trainee	$25
Renewal of registration as a QMHP	$30
Renewal of registration as a QMHP-trainee	$10
Late renewal	$20
Reinstatement of a lapsed registration	$75
Duplicate certificate of registration	$10
Returned check or dishonored credit card or debit card	$50
Reinstatement following revocation or suspension	$500

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC115-80-30. Current name and address.

Each registrant shall furnish a current name and address of record to the board ~~his current name and address of record~~. Any change of name or address of record or public address if different from the address of record shall be furnished to the board within 60 days of such change. ~~It shall be the duty and responsibility of each registrant to inform the board of his current address.~~

18VAC115-80-35. (Repealed) ~~Requirements for registration as a qualified mental health professional-trainee.~~

~~A. Prior to receiving supervised experience toward registration as a QMHP-A, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of one of the following:~~

~~1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy verified by an official transcript from an accredited college or university;~~

~~2. A master's or bachelor's degree in human services or a related field verified by an official transcript from an accredited college;~~

~~3. Current enrollment in a master's program in psychology, social work, counseling, substance abuse, marriage and family therapy, or human services with at least 30 semester or 45 quarter hours as verified by an official transcript;~~

~~4. A bachelor's degree verified by an official transcript from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field;~~

~~5. Licensure as a registered nurse in Virginia; or~~

~~6. Licensure as an occupational therapist.~~

~~B. Prior to receiving supervised experience toward registration as a QMHP-C, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of one of the following:~~

~~1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy verified by an official transcript from an accredited college or university;~~

~~2. A master's or bachelor's degree in a human services field or in special education verified by an official transcript from an accredited college;~~

~~3. Current enrollment in a master's program in psychology, social work, counseling, substance abuse, marriage and family therapy, human services, or special education with at least 30 semester or 45 quarter hours as verified by an official transcript;~~

~~4. Licensure as a registered nurse in Virginia; or~~

~~5. Licensure as an occupational therapist.~~

~~C. An applicant for registration as a QMHP-trainee shall have no unresolved disciplinary action against a mental health or health professional license, certification, or registration held in any jurisdiction. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.~~

~~D. Registration as a QMHP-trainee shall expire five years from date of issuance.~~

Part II
Requirements for Registration

18VAC115-80-40. Requirements for registration as a qualified mental health professional~~-adult~~.

A. An applicant for registration shall submit:

1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20;

2. A bachelor's degree from an institution of higher education listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website or accredited by another accrediting agency recognized by the board;

3. Evidence of completion of hours of didactic education in a program recognized or approved by the board, unless such evidence was provided to the board to obtain a registration as a QMHP-trainee;

4. Evidence of 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration;

5. A current report from the National Practitioner Data Bank (NPDB); and

6. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a QMHP ~~A~~ shall have no unresolved disciplinary action. The board will

consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

~~B. An applicant for registration as a QMHP-A shall provide evidence of:~~

~~1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;~~

~~2. A master's or bachelor's degree in human services or a related field, as verified by an official transcript, from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;~~

~~3. A bachelor's degree, as verified by an official transcript, from an accredited college in an unrelated field that includes at least 15 semester credits or 22 quarter hours in a human services field and with no less than 3,000 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;~~

~~4. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or~~

~~5. A licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness or no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.~~

C. Experience required for registration.

1. To be registered as a QMHP~~-A~~, an applicant ~~who does not have a master's degree as set forth in subdivision B 1 of this section~~ shall provide documentation of experience in providing direct services to individuals as part of a population of adults or children with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP.~~-A~~ ~~and under the supervision of~~

2. The following may serve as a supervisor for a QMHP-trainee:

a. A licensed mental health professional licensed by a board of the Department of Health Professions who has completed the required supervisor training;

b. A person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work and who has completed the required supervisor training; or

c. A registered QMHP who has (i) practiced for three years and (ii) has completed the required supervisor training. ~~as a prerequisite for licensure~~.

3. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional ~~licensed in Virginia or~~ licensed in that jurisdiction.

4. Supervision shall consist of face-to-face training in the services of a QMHP~~-A~~ until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either onsite or immediately available for consultation with the person being trained.

5. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.

~~4. Supervised experience obtained prior to meeting the education requirements of subsection B of this section shall not be accepted.~~

18VAC115-80-50. (Repealed.) ~~Requirements for registration as a qualified mental health professional-child.~~

~~A. An applicant for registration shall submit:~~

~~1. A completed application on forms provided by the board and any applicable fee as prescribed in 18VAC115-80-20;~~

~~2. A current report from the National Practitioner Data Bank (NPDB); and~~

~~3. Verification of any other mental health or health professional license, certification, or registration ever held in another jurisdiction. An applicant for registration as a QMHP-C shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.~~

~~B. An applicant for registration as a QMHP-C shall provide evidence of:~~

~~1. A master's degree in psychology, social work, counseling, substance abuse, or marriage and family therapy, as verified by an official transcript, from an accredited college or university with an internship or practicum of at least 500 hours of experience with persons who have mental illness;~~

~~2. A master's or bachelor's degree in a human services field or in special education, as verified by an official transcript, from an accredited college with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section;~~

~~3. A registered nurse licensed in Virginia with no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section; or~~

~~4. A licensed occupational therapist with an internship or practicum of at least 500 hours with persons with mental illness or no less than 1,500 hours of supervised experience to be obtained within a five-year period immediately preceding application for registration and as specified in subsection C of this section.~~

~~C. Experience required for registration.~~

~~1. To be registered as a QMHP-C, an applicant who does not have a master's degree as set forth in subdivision B 1 of this section shall provide documentation of 1,500 hours of experience in providing direct services to individuals as part of a population of children or adolescents with mental illness in a setting where mental health treatment, practice, observation, or diagnosis occurs. The services provided shall be appropriate to the practice of a QMHP-C and under the supervision of a licensed mental health professional or a person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure. Supervision obtained in another United States jurisdiction shall be provided by a mental health professional licensed in Virginia or licensed in that jurisdiction.~~

~~2. Supervision shall consist of face-to-face training in the services of a QMHP-C until the supervisor determines competency in the provision of such services, after which supervision may be indirect in which the supervisor is either onsite or immediately available for consultation with the person being trained.~~

~~3. Hours obtained in a bachelor's or master's level internship or practicum in a human services field may be counted toward completion of the required hours of experience.~~

~~4. Supervised experience obtained prior to meeting the education requirements of subsection B of this section shall not be accepted.~~

18VAC115-80-60. Reserved.

18VAC115-80-65. Requirements for registration as a qualified mental health professional-trainee.

Prior to receiving supervised experience toward registration as a QMHP, an applicant for registration as a QMHP-trainee shall provide a completed application, the fee prescribed in 18VAC115-80-20, and verification of the following:

1. Enrollment in or completion of a bachelor's degree program from an institution of higher education listed as accredited on the U.S. Department of Education College Accreditation database found on the U.S. Department of Education website or accredited by another accrediting agency recognized by the board;

2. Evidence of completion of __ hours of didactic education in a program recognized or approved by the Board;

3. Verification of any other mental health or health professional license, certification, or registration ever held in Virginia or another jurisdiction. An applicant for registration as a QMHP-trainee shall have no unresolved disciplinary action. The board will consider a history of disciplinary action on a case-by-case basis as grounds for denial under 18VAC115-80-100.

Part III
Renewal of Registration

18VAC115-80-70. Annual renewal of registration.

All registrants as a QMHP ~~-A or a QMHP-C~~ or QMHP-trainee shall renew ~~their registrations~~ registration on or before June 30 of each year. Along with the renewal form, the registrant shall submit the renewal fee as prescribed in 18VAC115-80-20.

18VAC115-80-80. Continued competency requirements for renewal of registration for qualified mental health professionals.

A. Qualified mental health professionals shall be required to have completed a minimum of eight contact hours of continuing education for each annual registration renewal. ~~Persons who hold registration both as a QMHP-A and QMHP-C shall only be required to complete eight contact hours.~~ A minimum of one of these hours shall be in a course that emphasizes ethics.

B. Qualified mental health professionals shall complete continuing competency activities that focus on increasing knowledge or skills in areas directly related to the services provided by a QMHP.

C. The following organizations, associations, or institutions are approved by the board to provide continuing education, provided the hours are directly related to the provision of mental health services:

1. Federal, state, or local governmental agencies, public school systems, licensed health facilities, or an agency licensed by DBDHS; and

2. Entities approved for continuing education by a health regulatory board within the Department of Health Professions.

D. ~~Attestation of completion~~ Completion of continuing education is not required for the first renewal following initial registration in Virginia.

E. 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 registrant prior to the renewal date. Such extension shall not relieve the registrant of the continuing education requirement.

F. The board may grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the registrant, such as temporary disability, mandatory military service, or officially declared disasters, upon written request from the registrant prior to the renewal date.

G. All registrants shall maintain ~~original~~ documentation of official transcripts showing credit hours earned or certificates of participation for a period of three years following renewal.

H. The board may conduct an audit of registrants to verify compliance with the requirement for a renewal period. Upon request, a registrant shall provide documentation as follows:

1. Official transcripts showing credit hours earned; or

2. Certificates of participation.

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

Part IV
Standards of Practice, Disciplinary Action, and Reinstatement

18VAC115-80-90. Standards of practice.

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

B. Persons registered by the board shall:

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

2. Practice only within the competency area for which they are qualified by training or experience and shall not provide clinical mental health services for which a license is required pursuant to Chapters 35 (§ 54.1-3500 et seq.), 36 (§ 54.1-3600 et seq.), and 37 (§ 54.1-3700 et seq.) of the Code of Virginia.

3. Report to the board known or suspected violations of the laws and regulations governing the practice of qualified mental health professionals.

4. Neither accept nor give commissions, rebates, or other forms of remuneration for the referral of clients for professional services and make appropriate consultations and referrals based on the interest of patients or clients.

5. Stay abreast of new developments, concepts, and practices that are necessary to providing appropriate services.

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

1. 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.

2. Disclose client records to others only in accordance with applicable law.

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

4. Maintain timely, accurate, legible, and complete written or electronic records for each client, to include dates of service and identifying information to substantiate treatment plan, client progress, and termination.

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

1. Not engage in dual relationships with clients or former clients that are harmful to the client's well-being, that would impair the practitioner's objectivity and professional

judgment, or that would increase the risk of client exploitation. This prohibition includes such activities as providing services to close friends, former sexual partners, employees, or relatives or engaging in business relationships with clients.

2. Not engage in sexual intimacies or romantic relationships with current clients. For at least five years after cessation or termination of professional services, practitioners shall not engage in sexual intimacies or romantic relationships with a client or those included in collateral therapeutic services. Because sexual or romantic relationships are potentially exploitative, the practitioner shall bear the burden of demonstrating that there has been no exploitation. A client's consent to, initiation of, or participation in sexual behavior or involvement with a practitioner does not change the nature of the conduct nor lift the regulatory prohibition.

3. Recognize conflicts of interest and inform all parties of obligations, responsibilities, and loyalties to third parties.

E. Upon learning of evidence that indicates a reasonable probability that another mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons registered by the board shall advise their clients of the client's right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

18VAC115-80-100. Grounds for revocation, suspension, restriction, or denial of registration.

~~In accordance with subdivision 7 of § 54.1-2400 of the Code of Virginia, the~~ The board may revoke, suspend, restrict, or decline to issue or renew a registration based upon the following conduct:

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

2. Procuring, attempting to procure, or maintaining a registration by fraud or misrepresentation;

3. 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, or if one is unable to practice with reasonable skill and safety to clients by reason of illness or abusive use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition;

4. Violating or abetting another person in the violation of any provision of any statute applicable to the practice of qualified mental health professionals or any regulation in this chapter;

5. Performance of functions outside the board-registered area of competency;

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

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

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

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;

~~9.~~ 10. Failure to cooperate with an employee of the Department of Health Professions in the conduct of an investigation; or

~~10.~~ 11. Failure to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required in § 63.2-1606 of the Code of Virginia.

18VAC115-80-110. Late renewal and reinstatement.

A. A person whose registration ~~as a QMHP-A or a QMHP-C~~ has expired may renew it within one year after its expiration date by paying the late renewal fee and the registration fee as prescribed in 18VAC115-80-20 for the year in which the registration was not renewed and by providing documentation of completion of continuing education as prescribed in 18VAC115-80-80.

B. A person who fails to renew registration ~~as a QMHP-A or a QMHP-C~~ after one year or more shall:

1. Apply for reinstatement;

2. Pay the reinstatement fee for a lapsed registration;

3. Provide a current report from the NPDB, if applicable; and

3. Submit evidence of completion of ~~20~~ eight hours of continuing education ~~consistent with requirements of 18VAC115-80-80~~ for each year in which the registration has been inactive or lapsed, not to exceed 32 hours.

C. A person whose registration has been suspended or who has been denied reinstatement by board order, having met the terms of the order, may submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. Any person whose registration has been revoked by the board may, three years subsequent to such board action, submit a new application and fee for reinstatement of registration as prescribed in 18VAC115-80-20. The board in its discretion may, after an administrative proceeding, grant the reinstatement sought in this subsection.

Discussion of Board-Approved Training Pursuant to SB403 (Durant)

August 2, 2024

Senate Bill 403

- Establishes two new professions: Behavioral Health Technicians (BHTs) and Behavioral Health Technician Assistants (BHTAs)
- Streamlines the registration requirements for QMHPs
- Establishes minimum education requirement for each profession:
  - BHTA – High School Diploma/GED
  - BHT – Associate's Degree
  - QMHP- Bachelor's Degree
- Requires specified number of hours of didactic education for each profession (new requirement for QMHPs)
- Requires supervisors to complete Supervision Training

Draft Regulations

- Exempt regulations
- Outline registration requirements and process for BHTs, BHTAs, and QMHPs
- Board must decide:
  - Minimum number of hours of didactic training for each profession.
  - The regulations will establish a ***floor***, based on the current programs available.
  - The Board will approve training programs, but these training programs will not be identified in the regulations, only in a guidance document
    - This gives the Board flexibility to add additional programs
    - In evaluating the current training programs and in an effort to establish a floor, please consider:
      - In addition to the appropriate minimum training for the scope of practice, that the program is flexible, accessible, and not cost-prohibitive.
      - Encourages entry into the health professions along the education journey; and,
      - Considers career switchers and military experience.

Behavioral Health Technician Assistant (BHTA): Scope of Practice

- Under Board-approved supervision provide:
  - collaborative behavioral health services;
  - training on prevention of mental health and substance use disorders;
  - mental health literacy; and,
  - supportive functions of screening, intake, orientation, care coordination, client education, and recordkeeping.

Virginia Department of Health Professions

Behavioral Health Technician (BHT) Scope of Practice

- Under Board-approved supervision provide Board-approved supervision provide:
  - collaborative behavioral health services;
  - training on prevention of mental health and substance use disorders and mental health literacy;
  - supportive functions of screening, intake, orientation, care coordination, client education, and recordkeeping
  - supervise, as part of a collaborative team, behavioral health technicians and behavioral health technician assistants
    - after 3 years of practicing as a BHT in good standing and completion of the supervisor training.

QMHP Scope of Practice

- **Problem**: Neither the Code nor the Regulations define **the** scope of practice for QMHPs.
- **SB 403 Solution:** More clearlyy outlines the scope of practice. Under Board-approved supervision QMHPs can provide collaborative behavioral health services including the supportive functions of:
- screening;
- intake;
- orientation;
- care coordination;
- client education;
- referral activities;
- initiating crisis de-escalation;
- gathering histories of mental and physical health conditions, alcohol and drug use, past mental health treatment, and interactions with the criminal justice system;
- providing psychosocial skills development;
- implementing interventions as assigned on individual plans of care and documenting the interventions for the purposes of recordkeeping; and,
- prevention of mental health and substance use disorders.

Training Prerequisites

- For each profession, registration requires meeting the education level requirement and completion of “specified number of hours of didactic education in a program recognized or approved by the Board”.
- For each profession, what will the board approve for a minimum curriculum and a minimum number of hours?
  - BHTA – High School Diploma/GED
  - BHT – Associate’s Degree
  - QMHP – Bachelor’s Degree
  - QMHP – Trainee – Enrolled in a Bachelor’s Degree Program
- What exists?
  - Career and Technical Education (CTE) Program
    - How many high schools currently offer and future prospects
    - Anything similar in Adult Education courses
  - DBHDS State Facility New Employee Orientation & Training
  - Workforce Development Class in Human Services – Germanna/RACSB partnership
  - DBHDS Behavioral Health Training Academy
  - VHWDA Community Health Worker Training Program
  - American Association of Psychiatric Technicians, Psychiatric Technician Level 1 Certification
  - Crisis Intervention Training
  - Mental Health First Aid
  - Military Training
  - Peer Recovery Training
  - Community Health Worker Training
- Are there other possibilities?
- Accessibility?

Supervision Training

Who Can Supervise Whom?

- Licensed Mental Health Professional can supervise:
  - BHTs
  - QMHPs and BHTAs after completion of supervision training
- Person under supervision that has been approved by the Board of Counseling, Board of Psychology, or Board of Social Work as a prerequisite for licensure can supervise:
  - QMHPS, BHTs, BHTAs after completion of supervision training
- QMHPs can supervise
  - QMHPs, BHTs, BHTAs after 3 years practice and completion of supervision training
- BHTs can supervise:
  - BHTs and BHTAs after 3 years practice and completion of supervision training

- BHTAs and QMHP-Trainees cannot supervise

Supervision Training

- What is the minimum amount of supervision training required to supervise each level?
- What should it include?

Documentation for Registration as a
Behavioral Health Technician Assistant (BHTA)

Submit proof of completion of one option from List A OR a transcript showing completion of a high school diploma/GED AND training from List B.

Choose one from the list below:

List A

- American Association of Psychiatric Techs (AAPT) Level 2 or higher
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech

Degree or Certificate from the following programs:

- Blue Ridge Community College
  Human Services I, CSC
  Human Service II, CSC
  Substance Abuse Counseling, CSC
- Brightpoint Community College
  Human Services, AAS
  Human Services, Pre-Social Work Specialization, AAS
  Psychology, AS
  Bereavement and Grief Counseling, CSC
  Substance Abuse Assistant, CSC
- Germanna Community College
  Paraprofessional Counseling, CSC
  Behavioral Health Technician, Certificate
- Laurel Ridge Community College
  Human Services, AAS
- Northern Virginia Community College
  Substance Abuse Rehab Counselor, Certificate
- Rappahannock Community College
  Psychology/Social Work Specialization, AAS
- Reynolds Community College
  Human Services, AAS
  Behavioral Health Technician, CSC
  Human Services Technician, CSC
  Substance Abuse Counseling Education, CSC

OR

High School Diploma/GED AND one from the list below:

List B

- American Association of Psychiatric Techs (AAPT) Level 1 or higher
- Adult Continuing Education (ACE) for Mental Health Technician
- Crisis Intervention Team (CIT) Training
- DBHDS Academy
- DBHDS PRS (Peer Recovery) Training
- VHWDA Community Health Worker Training
- Youth Mental Health Corps Training

Documentation for Registration as a
Behavioral Health Technician Assistant (BHTA)

Choose one from the list below:	OR	High School Diploma/GED AND one from the list below:
List A		**List B**

- Southside Community College
  Human Services, AAS
  Human Services, CSC
  Human Services, Certificate
  Substance Abuse Coun Asst, Certificate
  Substance Abuse Counseling Aide, CSC

- Virginia Highlands Community College
  Human Services, AAS
  Human Services Advocate, Certificate
  Substance Abuse Counselor Assistant, CSC

- Virginia Peninsula Community College
  Human Services, AAS
  Substance Abuse Counselor Assistant, CSC

- Virginia Western Community College
  Human Services, AAS
  Human Services: Foundations, CSC

- Wytheville Community College
  Human Services, AS
  Human Services Professional, AAS
  Human Services-Mental Health, CSC

Documentation for Registration as a **Behavioral Health Technician (BHT)**

Submit proof of completion of one option from List A OR a transcript showing completion of an associate's degree AND training from List B.

Choose one from the list below:

List A

- American Association of Psychiatric Techs (AAPT) Level 4

Degree from the following programs:

- Blue Ridge Community College
  Human Services, AAS
- Brightpoint Community College
  Human Services, AAS
  Human Services-Pre-Social Work Spec, AAS
  Psychology, AS
- Laurel Ridge Community College
  Human Services, AAS
- Rappahannock Community College
  Psychology/Social Work Specialization, AAS
- Reynolds Community College
  Human Services, AAS
- Southside Community College
  Human Services, AAS
- Virginia Highlands Community College
  Human Services, AAS
- Virginia Peninsula Community College
  Human Services, AAS
- Virginia Western Community College
  Human Services, AAS
- Wytheville Community College
  Human Services, AS
  Human Services Professional, AAS

OR

Associate's Degree AND one from the list below:

List B

- Adult Continuing Education (ACE) for Mental Health Technician
- Crisis Intervention Team (CIT) Training
- DBHDS Academy
- DBHDS PRS (Peer Recovery) Training
- VHWDA Community Health Worker Training
- Youth Mental Health Corps Training
- High school diploma with successful completion of the Career and Technical Education (CTE) program in Mental Health Assistant or equivalent
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech

Certificate from the following programs:

- Blue Ridge Community College
  Human Services I, CSC
  Human Service II, CSC
  Substance Abuse Counseling, CSC
- Brightpoint Community College
  Bereavement and Grief Counseling, CSC
  Substance Abuse Assistant, CSC
- Germanna Community College
  Paraprofessional Counseling, CSC
  Behavioral Health Technician, Certificate
- Northern Virginia Community College
  Substance Abuse Rehab Counselor, Certificate

Documentation for Registration as a **Behavioral Health Technician (BHT)**

Choose one from the list below:	OR	Associate's Degree AND one from the list below:
List A		**List B**

- Reynolds Community College
  Behavioral Health Technician, CSC
  Human Services Technician, CSC
  Substance Abuse Counselor Education, CSC
- Southside Community College
  Human Services, CSC
  Human Services, Certificate
  Substance Abuse Counseling Assistant, Certificate
  Substance Abuse Counseling Aide, CSC
- Virginia Highlands Community College
  Human Services Advocate, Certificate
  Substance Abuse Counselor Assistant, CSC
- Virginia Peninsula Community College
  Substance Abuse Counselor Assistant, CSC
- Virginia Western Community College
  Human Services: Foundations, CSC
- Wytheville Community College
  Human Services-Mental Health, CSC

Documentation for Registration as a **Qualified Mental Health Professional (QMHP)**

Submit proof of completion of a bachelor's degree AND one of the following training programs:

Approved Training Programs

- American Association of Psychiatric Techs (AAPT) Level 4
- Crisis Intervention Team (CIT) Training
- DBHDS Academy
- DBHDS PRS (Peer Recovery) Training
- U.S. Air Force Mental Health Service Specialist
- U.S. Army Behavioral Health Tech 68X
- U.S. Navy Behavioral Health Tech
- VHWDA Community Health Worker Training

Degree or certificate from the following programs:

- Blue Ridge Community College
  Human Services, AAS
  Human Services I, CSC
  Human Service II, CSC
  Substance Abuse Counseling, CSC
- Brightpoint Community College
  Human Services, AAS
  Human Services-Pre-Social Work Spec, AAS
  Psychology, AS
  Bereavement and Grief Counseling, CSC
  Substance Abuse Assistant, CSC
- Germanna Community College
  Paraprofessional Counseling, CSC
  Behavioral Health Technician, Certificate
- Laurel Ridge Community College
  Human Services, AAS
- Northern Virginia Community College
  Substance Abuse Rehab Counselor, Certificate
- Rappahannock Community College
  Psychology/Social Work Specialization, AAS
- Reynolds Community College
  Human Services, AAS
  Behavioral Health Technician, CSC
  Human Services Technician, CSC
  Substance Abuse Counselor Education, CSC
- Southside Community College
  Human Services, AAS
  Human Services, CSC
  Human Services, Certificate
  Substance Abuse Counseling Assistant, Certificate
  Substance Abuse Counseling Aide, CSC
- Virginia Highlands Community College
  Human Services, AAS
  Human Services Advocate, Certificate
  Substance Abuse Counselor Assistant, CSC
- Virginia Peninsula Community College
  Human Services, AAS
  Substance Abuse Counselor Assistant, CSC
- Virginia Western Community College
  Human Services, AAS
  Human Services: Foundations, CSC
- Wytheville Community College
  Human Services, AS
  Human Services Professional, AAS
  Human Services-Mental Health, CSC

Virginia Department of
Health Professions
Board of Counseling

Discipline Reports

Apr 6, 2024 to Jul 12, 2024

NEW CASES RECEIVED BY BOARD Apr 6, 2024 to Jul 12, 2024
127

TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
86

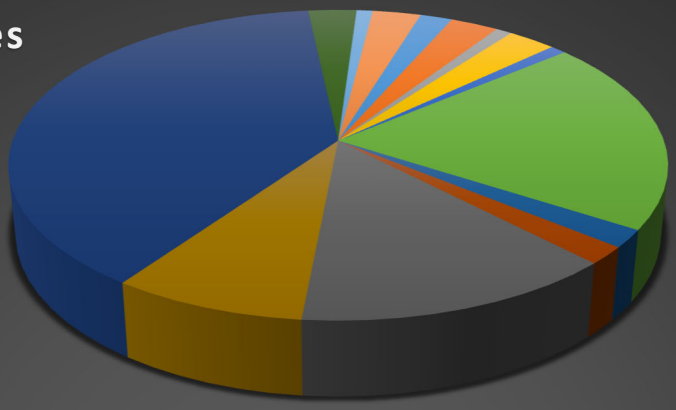
OPEN CASE STAGES as of Jul 12, 2024	
Probable Cause Review	132
Scheduled for Informal Conferences	26
Scheduled for Formal Hearings	5
Other (pending CCA, PHCO, hold, etc.)	20
Cases with APD for processing (IFC, FH, Consent Order)	12
TOTAL ACTIVE CASES AT BOARD LEVEL	**195**

CONFERENCES AND HEARINGS			
Informal Conferences			
Conferences Held:	Apr 12, 2024 (4)	May 17, 2024 (3)	Jun 14, 2024 (3)
Scheduled Conferences:	Jul 26, 2024	Jan 31, 2025	Jun 27, 2025
	Sep 20, 2024	Mar 7, 2025	Jul 18, 2025
	Nov 15, 2024	Apr 4, 2025	
	Dec 13, 2024	May 16, 2025	
Formal Hearings			
Hearings Held:	Apr 19, 2024 (2)		
Scheduled Hearings:	Aug 2, 2024	Jan 24, 2025	Jul 25, 2025
	Oct 4, 2024	Apr 25, 2025	Oct 17, 2025

CASES CLOSED Apr 6, 2024 to Jul 12, 2024		
Closed – **No violation**		87
Closed – **Undetermined**		10
Closed – **Violation**		9
Conference/Hearing held	2	
Consent Order	2	
Confidential Consent Agreement	4	
Mandatory Suspension	1	
Summary Suspension	0	
Credentials/Reinstatement		
Application Denied	1	
Application Approved	1	
Credentials/Reinstatement – **Withdrawn**		3
TOTAL CASES CLOSED		**109**

Virginia Department of
Health Professions
Board of Counseling

Closed Case Categories



- Abuse/Abandonment/Neglect (2)
  1 violation (LPC, LMFT)
- Business Practice Issues (3)
- CE Noncompliance (1)
  1 violation (LPC)
- Confidentiality Breach (3)
  2 violations (LPC, LMFT, RIC)
- Criminal Activity (1)
  1 violation (QMHP-A)
- Diagnosis/Treatment (22)
  1 violation (QMHP-Trainee)
- Eligibility (2)
  2 withdrawn
- Fraud, patient care (2)
  1 violation (QMHP-C)
- Inability to Safely Practice (15)
- Inappropriate Relationship (9)
- No jurisdiction (42)
- Reinstatement (3)
  1 approved (LPC, LSATP)
  1 denied (LPC)
  1 withdrawn
- Scope of Practice (1)
- Unlicensed Activity (3)

AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**202**
Avg. time in Enforcement (investigations)	95
Avg. time in APD (IFC/FH preparation)	61
Avg. time in Board (includes hearings, reviews, etc).	101

Virginia Department of
Health Professions
Board of Counseling

Discipline Staff for Behavioral Science Boards

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

CASES RECEIVED YEAR-TO-DATE PER BOARD Jan 1, 2024 – Jul 12, 2024	
Board of Counseling	**251**
Board of Psychology	96
Board of Social Work	108
TOTAL CASES RECEIVED	**455**

CURRENT OPEN CASES PER BOARD as of Jul 12, 2024	
Board of Counseling	**195**
Board of Psychology	134
Board of Social Work	191
TOTAL CASES WITH BOARD STAFF	**520**

Recent Orders entered by the Board of Counseling

(For informational purposes only.
Board action is not required.)

BEFORE THE VIRGINIA BOARD OF COUNSELING

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

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

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

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

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

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

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

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

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

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

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

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

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

CONSENT

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

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

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

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

4. I waive my right to an informal conference;

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

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

ORDER

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

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

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

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

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

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

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

ENTERED: 1/24/2024

SEEN AND AGREED TO:

DocuSigned by:
Kimberly Harrell
F6E477A9421C434...

Kimberly S. Harrell, L.P.C.

Date Signed 1/24/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

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

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

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

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

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

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

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

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

CONSENT

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

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

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

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

4. I waive my right to an informal conference;

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

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

ORDER

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

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

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

b. The registration will be recorded as suspended.

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

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

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

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

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

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

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

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

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

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

ENTERED: 2/28/2024

SEEN AND AGREED TO:

DocuSigned by:
Amy Dickenson
6E946C66807C4AC...

Amy Austin Dickenson, QMHP Trainee Applicant

Date Signed: 2/23/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

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

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

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

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

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

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

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

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

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

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

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

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

CONSENT

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

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

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

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

4. I waive my right to an informal conference;

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

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

ORDER

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR THE BOARD

DocuSigned by:
Jaime Hoyle
E858AEB08A9F4A4...

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

ENTERED: 3/28/2024

SEEN AND AGREED TO:

DocuSigned by:
Barry Lawlor, LPC
EE3A263109604BF...

Barry S. Lawlor, L.P.C.

Date Signed: 3/27/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

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

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

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

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

CONSENT

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

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

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

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

4. I waive my right to an informal conference;

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

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

ORDER

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

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

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

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

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

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

FOR THE BOARD

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

ENTERED: 4/2/2024

SEEN AND AGREED TO:

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

Date Signed: 4/1/2024

BEFORE THE VIRGINIA BOARD OF COUNSELING

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

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

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

FINDINGS OF FACT AND CONCLUSIONS OF LAW

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

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

CONSENT

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

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

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

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

4. I waive my right to an informal conference;

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

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

ORDER

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

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

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

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

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

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

FOR THE BOARD

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

ENTERED: 4/3/2024

SEEN AND AGREED TO:

DocuSigned by:
Keshanda Garland, LPC
E3FA9AABEBA6439...

Keshanda Vernell Garland, L.P.C.

Date signed: 4/3/2024

LICENSING REPORT

Satisfaction Survey Results	
2024 3rd Quarter (January 1 – March 31, 2024)	**95.6%**

Totals as of July 24, 2024*

Current Active Licenses	
Certified Substance Abuse Counselor	1,660
CSAC Supervisee	2,587
Substance Abuse Counseling Assistant	252
Licensed Marriage and Family Therapist	1,112
Marriage & Family Therapist Resident	183
Licensed Professional Counselor	9,663
Resident in Counseling	3,375
Substance Abuse Treatment Practitioner	486
Substance Abuse Treatment Residents	18
Rehabilitation Provider	140
Qualified Mental Health Prof-Adult	6,132
Qualified Mental Health Prof-Child	3,922
Trainee for Qualified Mental Health Prof	9,346
Registered Peer Recovery Specialist	725
Total	**39,601***

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registrations Issued

License Type	February 2024	March 2024	April 2024	May 2024	June 2024*
Certified Substance Abuse Counselor	4	9	14	7	12
CSAC Supervisee	71	34	58	51	30
Certified Substance Abuse Counseling Assistant	6	7	4	4	2
Licensed Marriage and Family Therapist	18	6	12	7	7
Marriage & Family Therapist Resident	5	1	5	4	6
Pre-Education Review for LMFT	0	1	0	0	0
Licensed Professional Counselor	79	92	97	91	108
Resident in Counseling	86	50	39	86	142
Pre-Education Review for LPC	3	10	7	7	5
Substance Abuse Treatment Practitioner	5	2	5	8	7
Substance Abuse Treatment Residents	0	1	0	2	0
Pre-Education Review for LSATP	0	0	0	0	0
Rehabilitation Provider	1	0	1	0	0
Qualified Mental Health Prof-Adult	53	69	62	75	63
Qualified Mental Health Prof-Child	32	51	54	47	39
Trainee for Qualified Mental Health Prof	188	156	139	211	211
Registered Peer Recovery Specialist	22	37	17	20	17
Total	**573**	**526**	**514**	**620**	**649**

*Unofficial numbers (for informational purposes only)

Licenses, Certifications and Registration Applications Received

Applications Received	February 2024*	March 2024*	April 2024*	May 2024*	June 2024*
Certified Substance Abuse Counselor	11	11	17	23	12
CSAC Supervisee	48	46	60	56	61
Certified Substance Abuse Counseling Assistant	6	6	7	9	9
Licensed Marriage and Family Therapist	14	7	16	14	17
Marriage & Family Therapist Resident	4	0	11	4	13
Pre-Education Review for LMFT	0	0	0	0	
Licensed Professional Counselor	86	111	106	133	122
Resident in Counseling	67	53	46	130	131
Pre-Education Review for LPC	6	7	4	11	5
Substance Abuse Treatment Practitioner	8	4	5	7	8
Substance Abuse Treatment Residents	1	2	1	5	1
Pre-Education Review for LSATP	0	0	0	1	0
Rehabilitation Provider	0	0	1	1	0
Qualified Mental Health Prof-Adult	79	93	91	109	119
Qualified Mental Health Prof-Child	49	73	63	78	87
Trainee for Qualified Mental Health Prof	202	172	177	263	240
Registered Peer Recovery Specialist	31	34	21	25	29
Total	**612**	**619**	**626**	**869**	**854**

*Unofficial numbers (for informational purposes only)

Additional Information:

- **Board of Counseling Staffing Information:**

➢ The Board currently has six full-time staff to answer phone calls, emails and to process applications across all licenses, certification and registration types.
  - Board of Counseling Licensing and Operations Manager
    - Latasha Austin – Licensing and Operations Manager (Full-Time)
  - Licensing Staff:
    - Victoria Cunningham – Licensing Specialist (Full-Time)
    - Dalyce Logan – Licensing Specialist (Full-Time)
    - Trasean Boatwright – Licensing Specialist (Full -Time)
  - QMHP Staff:
    - Sandie Cotman – Licensing Program Manager (Full-Time)
    - Shannon Brogan – Licensing Specialists (Full-Time)
    - Vacant – Licensing Specialists (Full-Time)
    - Vacant - Licensing Administration Assistant (Part-Time)

- **Recent changes to the requirements for licensure:**
  - Changes to Licensed Marriage and Family Therapy by Endorsement Requirements
    - Effective July 1, 2024, out-of-state licensed Marriage and Family Therapists (LMFTs) will no longer be required to submit proof of education or clinical scores when applying for licensure by endorsement in Virginia. This new law provides a less burdensome pathway to licensure and promotes licensure portability for LMFTs in Virginia. Please see the LMFT Licensure Process Handbook for more detailed information about the licensure by endorsement process. This change was mandated as part of HB 329.
  - NCE Exam Now Accepted by the Board for Licensure as a Professional Counselor
    - Effective July 1, 2024, applicants for Licensure as a Professional Counselor (LPC) may take the National Counselor Examination (NCE) administered by the National Board for Certified Counselors (NBCC) as a valid examination to meet the qualifications for licensure as a professional counselor in Virginia. The National Clinical Mental Health Counselors Examination (NCMHCE) is still accepted as an option for licensure. This change was mandated as part of HB 426.
    - For more information, please review the Examination Information page.
    - **Please Note:** In order to qualify for reimbursement under TRICARE, a licensee must pass the NCMHCE exam. TRICARE will NOT reimburse for a licensee who has only passed the NCE.

VIRGINIA BOARD OF COUNSELING
BYLAWS

ARTICLE I: AUTHORIZATION

A. Statutory Authority

The Virginia Board of Counseling ("Board") is established and operates pursuant to §§ 54.1-2400 and 54.1-3500, et seq., of the *Code of Virginia*. Regulations promulgated by the Virginia Board of Counseling may be found in 18VAC115-20-10 et seq., Regulations Governing the Practice of Professional Counseling; 18 VAC 115-30-10 et seq., "Regulations Governing the Certification of Substance Abuse Counselors and Substance Abuse Counseling Assistants"; 18VAC115-40-10 et seq., "Regulations Governing the Certification of Rehabilitation Providers"; 18VAC115-50-10 et seq., "Regulations Governing the Practice of Marriage and Family Therapy"; 18VAC115-60-10 et seq., "Regulations Governing the Practice of Substance Abuse Treatment Practitioners", 18VAC115-80-10 et seq., "Emergency Regulations Governing the Practice of Qualified Mental Health Professionals (QMHP), and 18VAC115-70-10 et seq., "Emergency Regulations Governing the Practice of Registered Peer Recovery Specialists".

B. Duties

The Virginia Board of Counseling is charged with promulgating and enforcing regulations governing the licensure and practice of professional counselors, marriage and family therapists, and substance abuse treatment practitioners, and the certification and practice of substance abuse counselors and rehabilitation providers in the Commonwealth of Virginia, and the registration of qualified mental health professionals and registered peer recovery specialists. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses, certificates, or registrations; setting standards of practice; and implementing a system of disciplinary action.

C. Mission

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

ARTICLE II: THE BOARD

A. Membership

1. The Board shall consist of twelve (12) members, appointed by the Governor as follows:
    a. Ten (10) professionals licensed in Virginia, who shall represent the various specialties recognized in the profession. The licensed professionals shall be
        i. Six (6) licensed professional counselors

        ii. Three (3) licensed marriage and family therapists, and

iii. One (1) licensed substance abuse treatment practitioner

b. Two (2) shall be citizen members.

2. The terms of the members of the Board shall be four (4) years.

3. Members of the Board of Counseling holding a voting office in any related professional association or one that takes a policy position on the regulations of the Board shall abstain from voting on issues where there may be a conflict of interest present.

B. Officers

1. The Chairperson or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chairperson shall appoint all committees, and shall sign as Chairperson to the certificates authorized to be signed by the Chairperson.

2. The Vice-Chairperson shall act as Chairperson in the absence of the Chairperson and assume the duties of Chairperson in the event of an unexpired term.

3. In the absences of the Chairperson and Vice-Chairperson, the Chairperson shall appoint another board member to preside at the meeting and/or formal administrative hearing.

C. Duties of Members

1. Each member shall participate in all matters before the Board.

2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chairperson shall make a recommendation to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

D. Election of Officers

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.

2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
    a. Officers shall be elected at a meeting of the Board with a quorum present.

    b. The Chairperson shall ask for nominations from the floor by office.

    c. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.

    d. A simple majority shall prevail with the current Chairperson casting a vote only to break a tie.

    e. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

    f. The election shall occur in the following order: Chairperson, Vice-Chairperson.

E. Meetings

1. The full Board shall meet quarterly, unless a meeting is not required to conduct Board business.

2. Order of Business at Meetings:
    a. Adoption of Agenda

    b. Period of Public Comment

    c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board.

    d. Reports of Officers and staff

    e. Reports of Committees

    f. Election of Officers (as needed)

    g. Unfinished Business

    h. New Business

3. The order of business may be changed at any meeting by a majority vote.

ARTICLE III: COMMITTEES

A. Duties and Frequency of Meetings.

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.

2. All standing committees shall meet as necessary to conduct the business of the Board.

B. Standing Committees

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee
Special Conference Committee
Credentials Committee
Any other Standing Committees created by the Board.

1. Regulatory/Legislative Committee

   a. The Chairperson of the Committee shall be appointed by the Chairperson of the Board.

   b. The Regulatory/Legislative Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Committee

   c. The Committee shall consider all questions bearing upon state legislation and regulation governing the professions regulated by the Board.

   d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the direction of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.

   e. The Chairperson of the Committee shall submit proposed changes in applicable laws and regulations in writing to the Board prior to any scheduled meeting.

2. Special Conference Committee
   a. The Special Conference Committee shall:
      i. consist of two (2) Board members.
      ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the Code of Virginia as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.

iii. hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.

b. The Chairperson of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date.

c. Should the caseload increase to the level that additional special conference committees are needed, the Chairperson of the Board may appoint additional committees.

3. Credentials Committee
   a. The Credentials Committee shall consist of at least two (2) Board members appointed by the Chairperson of the Board, with the Chairperson of the Committee to be appointed by the Chairperson of the Board.
   b. The members of the committee shall review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
   c. The Committee member who conducted the initial review shall provide guidance to staff on action to be taken.
   d. The Credentials Committee shall not be required to meet collectively to conduct initial reviews.

ARTICLE IV: GENERAL DELEGATION OF AUTHORITY

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.

2. The Board delegates to Board staff the authority to issue and renew licenses or certificates and to approve supervision applications for which regulatory and statutory qualifications have been met. If there is basis, upon which the Board could refuse to issue or renew the license or certification or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Credentials Committee, or in accordance with delegated authority provided in a guidance document of the Board.

3. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not be limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.

4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provide documentation that supports such an accommodation.

5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.

6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.

7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action and there is no basis upon which the Board could refuse to reinstate.

8. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.

9. The Board delegates to the Executive Director the authority to enter a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.

10. The Board delegates to the Executive Director, who may consult with a Special Conference Committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.

11. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without review by a Board member.

12. The Board delegates to the Executive Director the authority to determine if there is probable cause to initiate proceedings or action on behalf of the Board of Counseling, including the authority to close a case if staff determines probable cause does not exist, the conduct does not rise to the level of disciplinary action by the Board, or the Board does not have jurisdiction.

13. The Board delegates to the Executive Director the authority to review alleged violations of law or regulations with a Special Conference Committee member to make a determination as to whether probable cause exists to proceed with possible disciplinary action.

14. The Board delegates to the Executive Director the authority to assign the determination of probable cause for disciplinary action to a board member, or the staff counseling review coordinator in consultation with board staff, who may offer a confidential consent agreement, offer a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case.

15. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, for the purpose of offering a confidential consent agreement, a pre-hearing consent order, or for scheduling an informal conference.

16. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.

17. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, for the purpose of considering the summary suspension of a license or for the purpose of considering settlement proposals.

18. The Board delegates to the Chairperson, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.

19. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.

20. The Board delegates authority to the Executive Director to delegate tasks to the Deputy Executive Director, as necessary.

ARTICLE V: AMENDMENTS

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Adopted: June 3, 2005
Revised: November 5, 2013; January 27, 2017; November 3, 2017; May 18, 2018

Virginia Department of Health Professions

Current Board Member Roster

Lester Paul Bernard, Ph.D., LPC Lynchburg, VA 1st Term Ends 6/30/2027 LPC Member	**Nakeisha Gordon, LPC** Richmond, VA 1st Term Ends 6/30/2027 LPC Member
Luanne Griffin, LPC Alexandria, VA 1st Term Ends 6/30/2027 LPC Member	**Vacant** **LSATP Member**
Marlo Burdge, Citizen Member Richmond, VA 1st Term Ends 6/30/2028	**Natalie Franklin, LPC, LMFT** Newport News, VA 2nd Term Ends 6/30/2024 LPC Member
Benjamin Allison, Citizen Member Forest, VA 1st Term Ends 6/30/2026	**Tiffinee Yancey, Ph.D., LPC** Suffolk, VA 2nd Term Ends 6/30/2025 LPC Member
Vacant, LMFT Member	**Matthew Scott, LMFT** Lynchburg, VA 1st Term Ends 6/30/2026 LMFT Member
Maria Stransky, LPC, CSAC, CSOTP **Vice-Chairperson** Richmond, VA 2nd Term Ends 6/30/2025 LPC Member	**Terry R. Tinsley, PhD, LPC, LMFT, CSOTP** Gainesville, VA 1st Term Ends 6/30/2026 LMFT Member